DOCUMENT RESUME

ED 228 552 CG 016 577

TITLE	Drug Education Curriculum: Grade Two. Health Education: Substance Abuse Prevention. Revised.
INSTITUTION	New York State Education Dept., Albany. Bureau of Drug Education.
REPORT NO	NYSED-82-7207
PUB DATE	82
NOTE	144p.; Revision of ED 214 091: Changes are minor except that lengthy appendices have been dropped. For related documents, see CG 016 575-581.
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Child Development; Class Activities; *Cognitive Development; Curriculum Development; Curriculum Guides; *Drug Abuse; *Drug Education; *Drug Use; Elementary School Students; Grade 2; Information Sources; *Learning Activities; Parent School Relationship; Primary Education; School Community Programs; School Role; Teaching Methods

ABSTRACT

This revised curriculum guide, one of nine sequential manuals for elementary and secondary teachers and administrators, is designed to prevent drug misuse and abuse through activities for developing students' affective and cognitive skills. The introductory section presents the rationale for the school-community drug abuse prevention program including a discussion of the school's responsibilities, parent and community involvement and suggestions for obtaining program support; the philosophy and design of the curriculum; methods for evaluating the curriculum; instructions to the teacher; a detailed sampling of teaching methods; a topical outline of the drug education curriculum, K-12; characteristics of early and late childhood; and an activities index by grade level. The format for the instructional units consists of concepts, learning objectives and activities, and teacher information and resources. A materials list, worksheets and illustrations are also included for each unit. The activities for the second grade level focus on making choices, self-image, social interactions, health and wise use of substances. Appendices referred to in the curriculum guide are available as separate, periodically updated bulletins. (JAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED228552

HEALTH EDUCATION: SUBSTANCE ABUSE PREVENTION

DRUG EDUCATION CURRICULUM

GRADE TWO

The State Education Department does not discriminate on the basis of age, color, creed, disability, marital status, veteran status, national origin, race, or sex in the educational programs and activities which it operates. This policy is in compliance with Title IX of the Education Amendments of 1972.

Inquiries concerning this policy may be referred to the Department's Affirmative Action Officer, Education Building, Albany, NY 12234.

The University of the State of New York/THE STATE EDUCATION DEPARTMENT

Bureau of Drug Education

Albany, New York

Revised 1982

CG 016577

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R. Trombley

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ACKNOWLEDGEMENTS

This curriculum was developed by the Bureau of Drug Education, under the supervision of Betsy P. Thompson, Assistant, who also served as Contributing Editor. Anthony Patti, Chairman, Secondary and Continuing Education, Herbert H. Lehman College, served as Project Director and Chairman of the Drug Education Curriculum Advisory Group. Josephine Gemake, Associate Professor, School of Education and Human Services, St. John's University, served as Principal Curriculum Writer.

Major contributors to the Elementary Curriculum were: Frank Landro and Ginay Marks, C.S.D. #15, Brooklyn; Leah Koenig and Stephen Kaplan, C.S.D. #18, Brooklyn; Christine Mitchell, American Lung Association of New York State; and Dorothy Michener, North Bellmore School District.

Major contributors to the Secondary Curriculum were: Robert T. Nible, Bureau of Training and Resource Development, New York State Division of Substance Abuse Services; Claire Pasternak, Edward R. Morrow High School, New York City; Linda Laffredo, City-As-School, New York City; and Margaret Gotte, Herbert H. Lehman College.

Kenneth L. Packer, Executive Director, American Heart Association, Orange-Rockland-Sullivan Chapter and Anita Baksin, CUNY Graduate Center, contributed to both the Elementary Curriculum and the Secondary Curriculum.

Special task contributors included: Concepts and Objectives - Nancy Sartori, CUNY College of Staten Island; Teacher Information - Dominica Paterno, Herbert H. Lehman College; Learning Centers - Elaine Anzalone, Elementary Level Teacher Consultant; Resources - Lisa MacMurtrie, C.S.D. #2, New York City; Charts, Worksheet Calligraphy and Artwork Ideas -Catherine Dignelli, St. John's University; Coordinator of Materials - Diane Williamson, St. John's University, Staten Island.

Zenon Deputat, Health Teacher, North Tonawanda City Schools, was a major contributor to the discussion and chart on parent and community involvement in the introductory section.

The Bureau of Drug Education extends special thanks to the voluntary review teams of school teachers who gave us reactions to draft materials and provided us with supportive and constructive criticism. The teams included: Gil Derle, Kay Devoto, Diana Haiken, Bette McGlynn, Fran Pertusi, Mary Ann Tuttle and Susan Weinstein of the North Bellmore School District; Stephanie Ginsburg and Steven Stein of the Valley Stream Central High School District; and Alan Weissman and Barbara Weissman, P.S. 216K, C.S.D. #21, Brooklyn.

DRUG EDUCATION CURRICULUM ADVISORY GROUP

The following officially-appointed group of individuals, representing a variety of areas of expertise and interest, contributed ideas, guidance and reactions to voluminous draft material at critical periods in the process of curriculum development:

Teacher Training Institution Personnel:

Anthony Patti, Secondary and Continuing Education Chairman, Herbert H. Lehman College
(Drug Education Curriculum Advisory Group Chairman)
Anthony G. Lento, Associate Professor of Education and Coordinator of Drug Education, State University of New York at Albany

School Personnel:

Jack Ables, Principal, Orchard Park High School
Robert Christiansen, Health Teacher, Watervliet Enlarged School District
Zenon Deputat, Health Teacher, North Tonawanda City Schools
Michael Hooper, Drug Education Program Director, C.S.D. #16, Brooklyn
Jerry Kaiser, Science Teacher, Lewiston-Porter Central School
Stephen Kaplan, Drug Education Program, C.S.D. #18, Brooklyn
Thomas Kennedy, Program for the Development of Human Potential, Office of Catholic Education, Brooklyn
Linda Laffredo, City-As-School, New York City
Frank Landro, Director, Drug Education Program, C.S.D., #15, Brooklyn
John T. Lawler, Assistant Superintendent for Instruction, Monticello Central School
Levander Lilly, Citywide Coordinator, Substance Abuse Prevention Program, New York City
Dorothy Michener, Assistant Superintendent for Instruction, North Bellmore Union Free School District
Daniel Navarro, Alcohol and Drug Education Prevention Program Director, Onondaga-Madison BOCES
Joyce Porter, Drug and Alcohol Prevention and Education Program Supervisor, Rochester City Schools
Brian Trent, Health Teacher, Three Village School District

Agency and Organization Personnel:

Ann Corbett, New York State Parent-Teachers Association
Bonnie Dobrowolski, Assistant Director, Division of Public Health Education, March of Dimes Birth Defects Foundation
Robert Hart, United States Food and Drug Administration, Albany District Office
Steve Liss, Nassau County Department of Alcohol and Drug Addiction
Christine Mitchell, American Lung Association of New York State
Robert T. Nible, Bureau of Training and Resource Development, New York State Division of Substance Abuse Services
Kenneth L. Packer, Executive Director, American Heart Association, Orange-Rockland-Sullivan Chapter
Stephen Powers, Senior Probation Program Analyst, New York State Division of Probation
Martha Proper, Director, Schenectady County Drug Information Center
Robert Weiner, School Board President, Yonkers City Schools

State Education Department Personnel:

Bertha Campbell, Bureau of Child Development and Parent Education
Susan Hessney, Student Affairs Task Force
Warren Kilmer, Bureau of Drug Education
Katherene Kruckel, Bureau of School Health Education and Services
Anna Lewis, Native American Education Unit
Charles Matkowski, Office for Education of Children with Handicapping Conditions
Frank Rhyner, Bureau of School Psychological and Social Services
Betsy P. Thompson, Bureau of Drug Education (State Education Department Liaison for Drug Education Curriculum Advisory Group)

FOREWORD

This new Drug Education Curriculum Guide is one of nine separate documents - one for each elementary grade level, K-6, one for junior high, and one for senior high. The curriculum is intended for use in all of the schools, public and nonpublic, in New York State. It was developed as a direct result of the Board of Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. The Plan was adopted by the Board in May 1979 in response to the problems of substance abuse which have and continue to be of great concern in our society.

The curriculum provides school administrators, Health and Drug Coordinators and teachers with direct assistance in meeting the requirements of New York State Statute Chapter 982, 1977 (Education Law, Section 804) and insuring compliance with the Regulations of the Commissioner of Education, particularly Sections 135.1 and 135.3.

A cooperative school/community relationship is essential to the development of a comprehensive drug education program in which this new curriculum can be the foundation piece. While the curriculum can be implemented without extensive inservice education, an orientation workshop would be helpful and is recommended. The actual use of the curriculum will in itself be an inservice experience for the teachers.

It is generally acknowledged that the cost of substance abuse in our nation is enormous. A recent report of the U.S. Office of Drug Abuse Prevention estimates our annual cost to be: alcohol - $42.7 billion, tobacco - $23 billion, and drug abuse - $10.3 billion. While a large portion of these costs are appropriately targeted for treatment and rehabilitation, it is very important to focus more attention on the implementation of primary prevention programs. The logic of effective primary prevention as a means of reducing the costs of rehabilitation and treatment would seem to be self-evident; yet it is unfortunately often overlooked in assigning funds for the development and implementation of programs. While it is, and should be, a matter of priority that the afflicted receive our first attention, many of those not afflicted, if neglected, may soon join them. A majority of students in our schools today need help in acquiring some of the attitudes and skills included in this curriculum to enable them to be responsible for using substances wisely to maintain health.

In addition to this Drug Education Curriculum, the Bureau of Drug Education has prepared other supportive curricula and documents. These include: Alcohol Education Curriculum, Tobacco Education Curriculum, Elementary and Secondary Annotated Resource Guides and School Smoking and Drug Policy Guidelines. School authorities can obtain copies of these materials by writing to: Bureau of Drug Education, 960 EBA, Albany, NY 12234.

Anthony J. DiBenedetto, Chief
Bureau of Drug Education

CONTENTS

Acknowledgements ii

Foreword iv

Introductory Section:

- The School-Community Drug Abuse Prevention Program vi
- Philosophy and Design of the Curriculum xi
- Curriculum Evaluation xiii
- To the Teacher: How to Use This Guide xiv
- A Sampling of Teaching Methods xvi
- Topical Outline of the Drug Education Curriculum, K-12 xxii
- Characteristics of Early and Late Childhood xxvi
- Developmental Traits xxvii
- Index to Subjects Covered by Activities xxviii

Materials List 1

Instructional Units 2

Evaluation Form

Appendices:

Appendices referred to in the curriculum are available as separate, periodically updated bulletins. Single copies for local duplication may be obtained from the Bureau of Drug Education, State Education Department, Albany, NY 12234. Titles planned at press time include those listed below. (New titles may become available, or may replace these.)

- A Definition of Drug Abuse Prevention
- Alcohol and Drug Abuse Prevention Materials of Special Interest to Minority Groups
- Alcohol and Drug Education Resource Agencies
- Alcohol, Tobacco and Drug Education Periodicals
- Alcohol/Drug Interactions Fact Sheet
- The Alternatives Concept
- Communication with Doctors and Pharmacists: A Guide to the Wise Use of Prescription Drugs
- Drug Abuse Prevention Bibliography for Parent Education
- Drug Education References for School Staff
- Packaged Programs for Health and Drug Education
- Possible Signs of Drug Misuse or Abuse
- Selected Materials for Parent Education in Drug Abuse Prevention
- Student Drug Use in America: Overview of Key Findings

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM

THE SCHOOL'S ROLE

Drugs are a part of everyday life in our society, and drugs and drug paraphernalia may usually be obtained by those who wish to use them. While there are many ways to approach the problem of drug misuse and abuse - through legislation; incarceration; controls on growing, manufacturing and marketing; increased supervision of young people, etc. -clearly the most effective approach is to remove the self-destructive and/or misdirected motivations of people who engage in drug misuse and abuse behavior.

While schools cannot achieve this goal alone, they can help lead the way. School drug education programs can promote and direct positive motivations in children through the integration of knowledge with affective skills development; also, schools are perhaps uniquely able to serve as catalysts for bringing communities together for a cooperative effort in a supportive environment.

As a cooperative school-community program progresses, participants will become aware that their efforts are not only leading them to make an impact on the problem of drug abuse among youngsters, but they are also producing healthy side-effects. These side effects have far-reaching implications for overall health, school achievement, improved attendance and reduced vandalism and delinquency. A new sense of pride and purpose grows among all those involved in, and affected by, the program.

SCHOOL RESPONSIBILITIES

All schools have several basic responsibilities for drug abuse prevention programs, as outlined by Education Law, Section 804, Commissioner's Regulations as they apply to all of Health Education, and the Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. These include:

1. To provide all students, K-12, with an instructional program designed to develop the attitudes and skills required to make healthy decisions.

2. To involve students in activities that contribute to their sense of self-worth.

3. To insure that the instructional program is conducted by teachers with adequate preparation who provide healthy models for their students.

4. To integrate learning with related subject areas in a manner supportive of program objectives.

5. To coordinate in-school programs - education and service - for more effective drug abuse prevention.

6. To coordinate school programs with those offered by the community, cooperate with community agencies and utilize community resources to reinforce learning in both settings (school and community).

7. To develop, for general publication, written policies and procedures for handling all drug-related situations which may occur on school property. These policies and procedures should emphasize: 1) referral processes that

demonstrate a desire to help and rehabilitate students and faculty with drug-related problems and 2) "due process" for students or staff members charged with violations of school policies or laws.

8. To involve parents, students, community agency professionals and community leaders along with school staff in planning program policies and reviewing or participating in other aspects of the program.

OBTAINING SUPPORT FOR PROGRAM IMPLEMENTATION

Basic to the success of the school drug abuse prevention program is the support obtained from the school board, administration, parents, and the community at large. Where to begin is a judgment best made locally. Some suggestions regarding what to begin with may help you decide the most productive route in your district or school. Before you start, it is suggested that you have:

1. A clear understanding of the school's role in preventing substance misuse and abuse and of effective teaching methods for meeting this goal (e.g., an emphasis on positive self-concept and the development of life skills, with drug information presented within the context of affective objectives).

2. Statistics from recent surveys regarding drug misuse and abuse among youngsters on national, state and local (if available) levels.

3. A list of key people in the community whom you believe will be supportive.

4. Support from community agencies and experts. (It is a good idea to call or visit the March of Dimes, Council on Alcoholism, Community Mental Health Center, Drug Abuse Council and/or County Health Department, for example.)

5. A list of community, state and federal resources that can be used in the program. (See chart, p. x, for ideas.)

6. Ideas for promoting cooperative efforts to meet needs and fill possible deficiences.

PARENT AND COMMUNITY INVOLVEMENT

In a society such as ours, where young people are frequently encouraged to be independent and to make their own decisions, it is imperative that the school, the home, and the community cooperate in providing consistent and supportive policies, leadership and messages that guide youngsters rather than confuse or alienate them.

Such underlying causes of drug abuse as stress and anxiety, negative peer pressure, low self-esteem, inability to cope with emotions, and a lack of positive alternatives must be recognized and addressed concurrently in schools, at home, and in the community at large. Plans for action must compliment one another so that the youngster feels a sense of direction and consensus in communications with his or her teachers, parents or support people in the community on questions dealing with drugs or drug-related issues.

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

The school can take the initiative in bringing together the domains of school, home and community to develop a comprehensive and well-coordinated drug abuse prevention plan. The plan should be based upon a statement of philosophy, which incorporates the following premise:

If our young people have:

- acquired basic concepts regarding health-related matters;
- a positive view of themselves and their ability to exercise a measure of control over their lives;
- family and friends to turn to in times of stress;
- fulfilling and supportive experiences in schools, families, and other social environments;
- experiences in making personal decisions based on their own values, and on the consequences of their behavior...

they are less likely to misuse and abuse drugs.

The success of even the best-planned school program will greatly depend upon the degree of cooperation and support which community, school and parent groups are willing to offer. The greater the amount of parent and community involvement, the more hopeful the school can be that its concentrated efforts will fall on fertile ground. Some specific ideas to insure parent and community involvement are:

1. The district/building Health or Drug Coordinator is primarily responsible for identifying community resources relating to drug abuse. This information should be compiled and made available to school staff.

2. Community agency personnel or other community professionals with an interest in drug abuse prevention should be encouraged to make presentations to the school board, school administrators and other appropriate audiences.

3. A Community Awareness Day: As soon as a district steering committee has been formed and resources have been identified for implementing the program, a Community Awareness Day should be planned. The main purposes of the Community Awareness Day are 1) to receive input from parents and community members regarding their needs, interests and concerns and 2) to establish a solid basis for follow-up meetings and plans involving those persons who are willing to make a commitment to the program. Since this introductory event can be crucial to the eventual success of the program, it must be planned carefully. Appropriate school and community personnel should be identified to present clear, accurate information on school and community drug-related issues and concerns. Roles and responsibilities for drug abuse prevention and education programs and the need for the involvement, cooperation and support of parents and community members must be emphasized. Questions or concerns that attendees are likely to raise should be anticipated, to gain a measure of control over what may be an emotional subject for many. Student representatives should be encouraged to attend to present their views and reactions.

4. Community professionals and parents should be invited to serve on school committees related to policy development, to program, to curriculum development and evaluation, and to materials review.

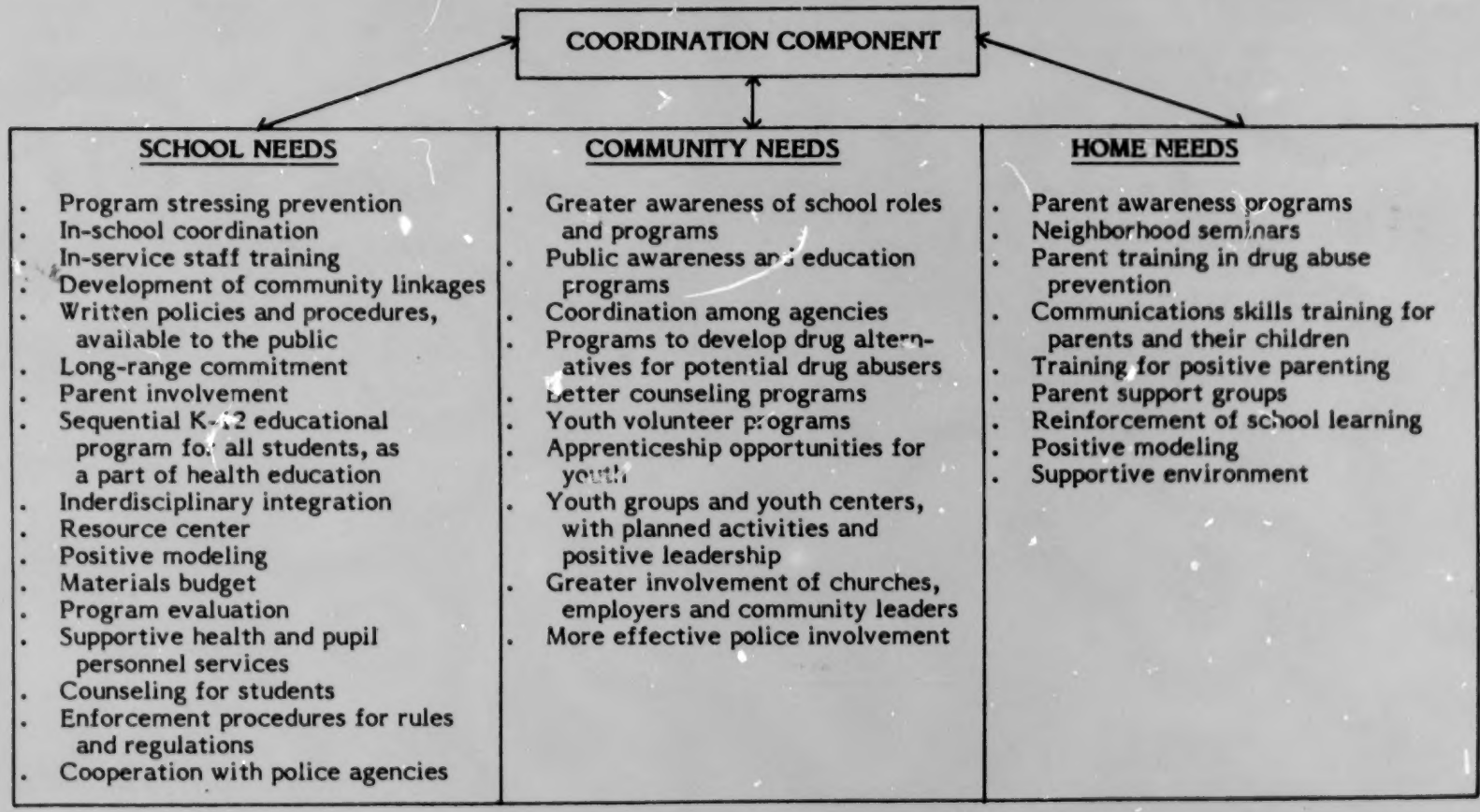
5. Student activities should extend beyond the classroom into home and community. Student surveys, interviews and research assignments provide ways to relate learning to life experiences. Student-produced audiovisuals, plays, demonstrations, debates, pamphlets, etc. can promote parent and community interest in and support for the program.

6. Parent groups should be enlisted to assist in identifying the needs of parents in the community, in obtaining resources to meet these needs and in getting parents and other community members involved in positive approaches to drug abuse prevention.

7. Parent education should be an integral part of the program. Many approaches can be used: take-home material, neighborhood seminars, adult continuing education classes, parent-child communication seminars and workshops in parenting skills, to name a few.

8. "Back-to-school nights" should be arranged to give parents an opportunity to observe classroom activities and student work related to drug education.

COMPONENTS OF A COMPREHENSIVE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM


COORDINATION COMPONENT
SCHOOL NEEDS
. Program stressing prevention
. In-school coordination
. In-service staff training
. Development of community linkages
. Written policies and procedures, available to the public
. Long-range commitment
. Parent involvement
. Sequential K-12 educational program for all students, as a part of health education
. Inderdisciplinary integration
. Resource center
. Positive modeling
. Materials budget
. Program evaluation
. Supportive health and pupil personnel services
. Counseling for students
. Enforcement procedures for rules and regulations
. Cooperation with police agencies
COMMUNITY NEEDS
. Greater awareness of school roles and programs
. Public awareness and education programs
. Coordination among agencies
. Programs to develop drug alternatives for potential drug abusers
. Better counseling programs
. Youth volunteer programs
. Apprenticeship opportunities for youth
. Youth groups and youth centers, with planned activities and positive leadership
. Greater involvement of churches, employers and community leaders
. More effective police involvement
HOME NEEDS
. Parent awareness programs
. Neighborhood seminars
. Parent training in drug abuse prevention
. Communications skills training for parents and their children
. Training for positive parenting
. Parent support groups
. Reinforcement of school learning
. Positive modeling
. Supportive environment

SOURCES OF HUMAN AND/OR FINANCIAL ASSISTANCE

* School District
* BOCES
* Local Government
* County Groups
* State Government
* Federal Government
* Health and Drug-Related Agencies
* Church Groups
* Service Groups
* Professional Organizations
* Colleges, Universities
* Chamber of Commerce
* Independent Business Groups
* Police Departments

PHILOSOPHY AND DESIGN OF THE CURRICULUM

The primary focus of the Drug Education Curriculum is prevention of drug misuse and abuse through combined cognitive and affective development. Research has shown that drug education programs which include objectives that enable students to:

- learn credible information;
- improve their self-concepts, (self-images);
- communicate effectively with others; and
- solve problems and make informed, responsible decisions

result in significant reduction of:

- referrals for drug-related activities and absences;
- instances of disruptive behavior among students; and
- instances of school property damage.

Research has also shown that information is a factor which influences values, problem-solving, decision-making and risk-taking behaviors. To influence behavior positively, however, information must be contained within the broader context of affective skills development.

The affective model upon which this curriculum is based has three components: The development of self-image and positive self-concept; the development communication skills; and the development of coping skills.

The Development of Self-Image and Positive Self-Concepts: Research demonstrates that young children exposed to affective educational activities and materials, designed to improve self-concept and acceptance of others, significantly improve their self-concepts. Individuals with poor self-concepts are more likely to misuse and abuse drugs than individuals with positive self-concepts. Significant reduction of drug use was also found among students exposed to humanistic education, which includes values clarification and values sharing programs. Current data suggests that values clarification and values sharing exercises have positive outcomes for drug abuse prevention education. The Drug Education Curriculum includes objectives and activities designed to improve self-concept, and acceptance of others. It also implements values clarification and values sharing at all levels.

Development of Communication Skills: Skills in effective interpersonal communication enable students to realize a measure of control over their lives and environment. These skills help them to express themselves clearly in a positive and acceptable way, listen actively to others, and share and accept thoughts and feelings as a part of meeting their own needs and those of others. They also help students to bridge communication gaps with parents and other authority figures.

The practice of non-judgmental interaction and sharing has been found to reduce drug use. Sharing thoughts and feelings in a supportive atmosphere enables students to broaden their awareness and acceptance of alternatives to drug use for changing feelings and meeting needs. Assertiveness skills help students resist the pressure of peers to behave in ways that are against their own better judgement. Skills in dealing with stress and pressure can prevent some students from turning to drugs for this purpose. The Drug Education Curriculum includes sequential attention to the development of these skills.

The Development of Coping Skills: Problem-Solving/Decision-Making. Research has indicated that problem-solving/decision-making processes can be taught effectively to fifth and sixth graders and that, in considering drug decisions, these students expressed healthy attitudes regarding drug use. One approach to decision-making is the force-field analysis. The force-field analysis has been identified as an effective means of teaching students to focus on pressures operating in a particular environment. The Drug Education Curriculum develops problem-solving/decision-making skills, including the force-field analysis, and integrates activities related to problem-solving/decision-making throughout the program.

Features of the Drug Education Curriculum:

1. The curriculum is designed for direct teacher use in the classroom, rather than as a reference document for a local writing committee. Thus it has been printed as nine separate booklets: seven for K-6, one for junior high and one for senior high.

2. The curriculum is a self-teaching and reference document, as well as a teaching guide, which includes background information, descriptions of teaching methods, suggestions for evaluation and the use of community resources and other helps.

3. The curriculum is sequential. While each grade offers a complete grade-level curriculum, following grades build on and reinforce previous grades without repetition beyond what is needed for review.

4. Concepts represent threads of continuity running through the entire K-12 program.

5. Objectives may be grade-specific, may be developed sequentially to build on a previous grade, or may skip one or more grades, then reappear for review or more sophisticated development. Objectives are worded behaviorally and measurably.

6. Few activities are repeated, although similar experiences are provided on several levels. An effort has been made to include alternate activities - basic and more advanced, individual and group, those that require materials or audiovisuals and those that do not - wherever possible, to meet the varying needs of classroom teachers, and their students.

7. Activities requiring films, storybooks or other materials which must be purchased (other than essential references) are designed to be supplementary rather than basic to the curriculum.

8. Of the materials listed for each grade, only a few basic references and soft material supplies are required to implement the curriculum. Worksheets for teacher duplication are included for each grade. Information sheets, story pictures and patterns are also provided.

9. A column at the right-hand side of each curriculum page provides the elementary teacher with a reference for subject integration of material and the Health Coordinator with suggestions for coordinated efforts with teachers of other subject areas at the secondary level.

10. At the end of each concept, a Culminating Concept Evaluation Activity is included to provide the teacher with feedback from students relating to each completed section.

11. A tear-out Evaluation Form at the end of the guide allows the teacher to become a participant in State level assessment and revision of the curriculum.

The district/school Health or Drug Coordinator is primarily responsible for insuring that teacher selection of activities and resources is coordinated sequentially. The district/school Health Education Curriculum Committee may also choose to adapt the curriculum to local needs and resources through Committee selection, in consultation with teachers, of grade level activities and materials.

CURRICULUM EVALUATION

Evaluation is built into the Drug Education Curriculum, and occurs as the teacher develops a unit as well as at the completion of a unit. During evaluation, information is gathered which focuses on the program, the student's learning and progress, the classroom environment, and the curriculum content. The feedback received can be used to shape the course of study to better suit the needs of teachers and students.

A variety of methods have been used in this Drug Education Curriculum to help gather evaluation data:

1) **The curriculum is designed to be self-evaluative.** Objectives are written in measurable terms and activities are designed so that their completion involves students as active, observable participants. Thus observation of student behavior frequently provides the teacher with a means to assess student progress and goal attainment. Extra support can be provided for those students who experience difficulty with specific activities or in achieving specific objectives.

2) **Record-keeping** is suggested after the development of each concept throughout the curriculum. These records should reflect the progress of the students. Attitudinal learning activities can be augmented for those students who require support in order to achieve the defined behaviors. Teachers are also encouraged to note activities which were received with enthusiasm and those which required further development. The curriculum is personalized and shaped to meet the needs of most teachers and students.

3) **Culminating Concept Evaluation Activities** are included in the curriculum. Cognitive tasks, including paper and pencil activities, are used to evaluate content learning. Question activities are written which require students to respond at different cognitive levels. Questions of knowledge, application interpretation, analysis, and synthesis are used to make the paper and pencil tasks more interesting and viable. Open-ended evaluation sheets for students to complete are also included at each grade level. Students are invited to actively participate in providing feedback about information and activities. In this way, the curriculum is shaped by the students to meet the needs of future students.

4) A tearout **Evaluation Form** is provided at the back of each curriculum booklet. Teachers are asked to fill out this form when they have completed their Drug Education Unit and return it to the Bureau of Drug Education, New York State Education Department. The form solicits the reactions of teachers to the Curriculum Guide and opinions which students provided through evaluation activities in the curriculum. These forms will be used by the Bureau to guide the preparation of future guides.

EVALUATION REFERENCES

Anderson, Gary L., STADUS (Student Alcohol and Drug Use Survey). Guide Book and Survey Book, Center City, MN: Hazelden Literature, 1979.

Bukoski, William J., "Drug Abuse Prevention Evaluation: A Meta-Evaluation Process." Paper presented at the 4th Annual Conference of the American Public Health Association, New York City, November 4-6, 1979. Rockville, MD: National Institute on Drug Abuse.

Drug Abuse Instrument Handbook. Research Issue 12. Rockville, MD: National Institute on Drug Abuse.

Evaluation In Practice. Rockville, MD: National Institute of Mental Health.

Prevention Resources. Double Issue: Volume IV, Nos. 1 & 2 (Spring and Summer 1980). Rockville, MD: National Institute on Drug Abuse.

Swisher, John D. "An Educational Policy for School Prevention: Rationale and Research." Contemporary Policy Issues, Vol. 4:27-35, 1976.

TO THE TEACHER: HOW TO USE THIS GUIDE

Each grade level Drug Education Curriculum Guide is divided into three sections: 1) an introductory section, 2) instructional units and 3) appendices.

The **INTRODUCTORY SECTION** provides teachers with necessary background information for the successful implementation of the instructional program. Introductory material is page-numbered with lower case Roman numerals.

The **INSTRUCTIONAL UNITS** include a preliminary materials list and three to four concepts, each with two or more objectives, sequentially arranged, and one or more activities per objective. Accompanying worksheets, illustrations, etc. are contained within the instructional units.

The **APPENDICES** include a variety of reference materials of interest to teachers and other school staff. A glossary of terms is included in grades 5-Senior High. Other appendices, formerly included in each booklet, are now available as separate, periodically updated, bulletins. Single copies for local duplication may be obtained from the Bureau of Drug Education, State Education Department.

It is recommended that teachers use a procedure similar to the following when using this guide:

- Read through the introductory section to gain a thorough understanding of the task to be undertaken, not only within the classroom, but also on a broader scale.
- Scan the instructional units and appendices to get an overview of what they include.
- Identify any weaknesses in personal preparation for teaching basic material and initiate plans to help strengthen these weaknesses.
- Talk to other teachers, staff, etc., to gain perspective on district goals and plans or to stimulate the development of these where they are in need of augmentation or revision.
- Discuss with previous and later-grade teachers, and with the Coordinator, the objectives that need emphasis in your particular grade or class, to insure that district priorities are met, that the K-12 program has continuity, that your time is used efficiently and that related subjects are taught in a manner supportive of the curriculum.
- Plan your activity schedule. Determine the time available by reference to district priorities, the total school health curriculum, identification of overlapping objectives with other areas of health and possibilities for integration of material with other subjects.
- Based on the characteristics of the class, the materials available to you and your personal judgement, select the activities you will use from those suggested. Note that each concept includes a Culminating Concept Evaluation Activity at the end. Where this is to be used, students need to be involved in activities that will enable them to perform the required task.
- Meet with the school librarian or resource center supervisor to discuss materials required. Determine if they are already available or if they may be acquired and how long it will take to acquire them. This should be done several months before the materials are needed, as some distributors, such as the National Clearinghouse for Drug Abuse

Information, require some time to respond to orders. Of course, district deadlines for spending must also be considered. If all teachers can consolidate and prioritize their materials requests before submission to a librarian or purchase agent, it will insure fairness, and identification of those materials most important to the program.

- Enlist the help of the Health or Drug Coordinator to identify the resource persons and agencies you will use and call, write or visit them--whichever is most appropriate--to discuss your needs and mutual schedules. This is best done as a cooperative activity of all relevant school staff, coordinated and assisted by the Coordinator.

Teachers will recognize many of the concepts and objectives contained in this curriculum as basic to the development of the child and preparation for life and learning in its broadest sense. The goals of positive self-image, self-confidence, self-discipline and self-motivation for students should permeate all school programs and every teaching-learning situation; they should not be seen as "drug education" or "health education" goals alone. They are specifically and purposefully expressed and integrated here, because educational research has demonstrated that drug education programs which focus primarily on content, without adequate attention to motivations and other psychosocial factors, are not effective in preventing drug misuse and abuse. Content-oriented drug education programs may even promote student involvement in the drug scene.

The attitude a teacher conveys makes a deeper and longer-lasting impression on students than all the factual statements in a text or pamphlet. We all teach more by the kinds of people we are than by the teaching we do; no matter what content the teacher is teaching, the student is feeling an emotional response and learning an attitude as well. Experiences gained in a positive, motivating atmosphere produce lasting, positive effects on students. Teacher awareness of these factors can greatly increase the long range effectiveness of any instructional program.

A SAMPLING OF TEACHING METHODS

The methods you use in drug education will make all the difference between classes that are boring, alienating and ineffective in preventing drug-related problems and classes that will get students actively involved in learning and doing things that will give them the facts they should know to make responsible decisions about drug use, while helping them to develop an understanding of health, motivations and behavior.

A variety of methods will make it easier to adapt to individual differences among students. No one method or procedure is suited to every objective or purpose, i.e. a method that is appropriate in one learning situation may not work in another.

The following teaching methods are offered as a pedagogical assortment from which the teacher may choose and adapt those best suited to his or her talents, the classes taught, and the objectives selected.

FEELING CIRCLE

The Feeling Circle is particularly useful with elementary pupils. It can be used as a sharing or problem-solving method for the class, a group or an individual pupil. A small group sits in a circle, usually with the teacher as discussion leader, sharing reactions and ideas.

The feeling circle gives the teacher an opportunity for developing pupil skills in self-expression, listening to others, taking turns, attending to and remembering what was said, and learning to think before they speak, among others. Pupils learn, as a result, to express their feelings, needs and ideas in ways that are socially acceptable and thus effective for them.

BRAINSTORMING

Brainstorming can be used to teach students to respect and build on their own and others' creative abilities and to acquire the experimental frame of mind necessary for effective problem-solving. Brainstorming develops an awareness of a range of possible alternatives, often bringing out some very useful suggestions. An important element of brainstorming is that the students themselves have provided the suggestions: they are active participants in the learning experience.

Brainstorming can be done as a full class or small group activity. The procedure is described below. It is suggested that the teacher introduce the process to students using a simple example, such as the one given in #3.

1. Introduce the topic of brainstorming. It can be described as a first step in problem-solving - a method for getting out the maximum number of ideas for consideration. Emphasize that the only rule is to spill out ideas as quickly as possible, without discussion of your own thoughts or the thoughts of others.
2. Divide the class into random groups of three to five students. Each group should have paper and pencil or pen. Have each group select a recorder.
3. Instruct the groups to think of as many ways as they can to celebrate a birthday. The recorder lists these on the paper.

4. Give the groups ten minutes to record their ideas. (If any groups lose steam ahead of time, encourage them to keep trying).
5. Ask each group to choose its two most important ideas to be shared with the entire class.
6. Post the lists so that everyone can see how many ideas emerged in a short time.
7. Decide which ideas can be put into effect.
8. Select a planning committee to combine ideas.

As a followup to the activity, ask the class the following questions:

1. Was this a good way to get people to listen to your ideas?
2. Were many good ideas expressed?
3. Can you think of other times we might use this method of sharing ideas in the class?

LECTURE-DISCUSSION

A drug education program that relies heavily on lectures, whether presented by the teacher, an outside resource person or through media, will not be effective in meeting the goals of prevention. When used properly, however, the lecture-discussion method may be the best way to handle a particular objective.

Lecture-discussions may be used to present case studies, hypothetical situations, critical issues or other motivating topics to arouse student interest and set the stage for student activities that follow. Demonstrations may also be included, such as one given by hospital personnel of life-saving techniques. Wherever possible, background information about drugs and drug-related topics should be researched by the students themselves, rather than presented in lecture format by the teacher. The teacher's role is to guide student activity, raise questions and evaluate student progress.

DISCUSSION

Discussion has several purposes: to develop interest in a new topic; to test understanding, concepts and experiences; to exchange opinions and viewpoints; to develop critical thinking, critical listening, and clear discourse; and to facilitate awareness of misleading, irrelevant, and false statements.

Either the teacher or a qualified student may take the leadership role in initiating and facilitating discussion. The teacher should respect each student's beliefs and encourage the expression of personal opinions, while also encouraging students to listen carefully and thoughtfully to the views of others. The teacher should accept rather than judge statements that are emotionally-based, question erroneous statements and make authoritative references available to the students.

FISH BOWL

The Fish Bowl is a technique that enables the classroom teacher to create a small group experience without losing the attention of the class. All the students have an opportunity to get involved, have their say, hear how others perceive a situation and decide on a mutually acceptable solution in an orderly, democratic fashion. The procedure for Fish Bowl is as follows:

Step 1. The teacher asks for six volunteers to sit in a circle in the center of the class. (Bean bag chairs are especially good for this activity.)
Step 2. A seventh chair is placed within the circle.
Step 3. The rest of the class stands or sits around the outside of the circle and chair.
Step 4. The six volunteers discuss the problem and say whatever they want to say, while the rest of the class listens.
Step 5. A student on the outside who wishes to say something must sit in the empty chair and wait to be recognized by one of the others in the fish bowl. Once recognized, this student can briefly state whatever s/he wants to add, clarify or question, then must vacate the chair for someone else.

Possible class problems that could be solved using this activity include cheating, stealing, loyalty, breaking rules, and interfering with the rights of others.

PROBLEM-SOLVING/CONFLICT RESOLUTION

Learning to resolve a conflict situation between individuals, an individual and a group, or between groups, without sacrificing one's identity, self-respect or control over one's life can be one of the most important life skills anyone can learn. To arrive at a solution to a conflict that is mutually agreeable and allows everyone involved to feel satisfied, one must learn how to communicate without demeaning another. The problem-solving methods described below can be used in any conflict situation to help acquire decision-making skills.

Traditional Model for Problem-Solving:

Step 1. State the Problem: Participants state the problem as they see it and how they feel about it without blaming, criticizing, judging or shaming.
Step 2. Define the Specifics of the Problem: Participants then note the points of agreement and disagreement.
Step 3. Brainstorm All Possible Solutions: Participants contribute as many ideas as possible to how the conflict may be resolved, to create awareness that there may be a number of ways to deal with the problem.
Step 4. Identify the Consequences: Participants select the most suitable situations from the list they brainstormed and outline the consequences of each.
Step 5. Choosing a Solution: Finally, participants evaluate suitable solutions and consequences and agree on one solution that is acceptable to all.

Force-Field Analysis Model:

Another process that can be used in conflict resolution is the force-field analysis. In any conflict situation there are opposing forces. Some of these forces help an individual to move toward a desired goal. Other forces may interfere with goal attainment. In a force-field analysis, the individual analyzes the forces that are operating, examines advantages and disadvantages of courses of action, evaluates them, and decides whether or not to pursue the goal. The steps in using the force-field analysis include:

A SAMPLING OF TEACHING METHODS, CONT'D

Step 1. Divide a piece of paper into four columns.
Step 2. In the first column, write the conflict or problem which exists.
Step 3. In the fourth column, write the goal that you wish to reach.
Step 4. In the second column, list the forces (advantages) which operate to support goal attainment.
Step 5. In the third column, list the forces (disadvantages) which operate to interfere with goal attainment.
Step 6. Identify the consequences of each advantage and disadvantage.
Step 7. Evaluate the advantages and disadvantages in terms of gains and risks.
Step 8. Choose a plan of action that includes goal attainment, rejection of the goal, or changes in the goal as originally stated.

ROLE-PLAYING

Students assume different roles and improvise dialogue as they act out a problem situation. Role-playing provides an excellent method to help students learn about their own attitudes and behaviors and find new ways of dealing with problems. As a followup to a role-playing activity, discuss what occured in the role-play and how everyone felt about the interactions. This method may be used in small groups, or with one small group role-playing before the class.

DRAMATIZATION

Students act out stories, dramas, skits or situations written by a teacher, student or author. Dramatization is used to illustrate how other people have dealt with different problems or situations. As a followup to this activity, discuss what happened, student reactions and what they might have done differently from the characters in the drama. This method is best used as a supplement to other forms of instruction and should be selected and evaluated on the basis of its educational potential, not its entertainment value.

PLAYS AND STORIES

A group writing project may include an entire class. Students should be given a pertinent theme; the play or story should teach a concrete lesson in a practical situation. Acting out the plays or stories provides additional experiences geared toward the learning goals. Plays and stories may be enhanced by being open-ended, allowing students to provide alternative answers or endings.

SENTENCE STEMS

Sentence stems are found in a number of places in the curriculum, but may also be created by the teacher or by students. The purpose of a sentence stem is to draw out a reaction, facilitating self-expression and communication. Sentence stems may be used as discussion starters; to increase awareness of individual similarities and differences; or to obtain class reactions to activities, events, etc. A very useful sentence stem for evaluation of a curriculum activity is the "I learned..." statement, which students may complete at the end of the activity.

A SAMPLING OF TEACHING METHODS, CONT'D

RESEARCH

All students need to learn the skill of accessing accurate, reliable information as a basis for making decisions throughout life. While research activities should not become a major focus of the curriculum, it is necessary for students to learn where to go to obtain information on a topic, how to interpret what they read (or hear), and how to communicate to others what they have learned. Research activities should make students aware of a broad range of information sources - community and government agencies, people with specific expertise, newspapers, government reports, journals, books, pamphlets, television and encyclopedias. The information students obtain can be shared through oral or written reports, discussions or student-constructed visuals.

INTERVIEWS

Interviews are a learning technique in which a small number of selected individuals are questioned on a specific topic. Since the purpose of an interview is to obtain, record and report opinions and information accurately, students learn social and communication skills through this process. Where interviews involve family or friends, students frequently gain insights regarding human behavior which they may not have obtained in less-controlled circumstances.

Teacher direction and asistance may be necessary to help students form clear, unbiased and relevant questions for their interviews, and interpret objectively the information obtained.

SURVEYS

A survey involves preplanning, collecting, analyzing, interpreting and evaluating data and reporting the findings to the class. Each step in planning and carrying out a survey has potential educational value. Individuals, committees, or the entire class may conduct surveys. Ideally, a survey should lead to action if the results show that action is needed. This ideal may not always be realizable in the classroom situation, but awareness of community needs is at least sharpened.

The teacher's role is to guide the students so that they will secure the information they are seeking and interpret and evaluate it correctly. If oral or written questionnaires are used, the teacher's help may be needed to ensure clarity and ease of administration and tabulation. When community facilities are visited, proper prearrangements should be made and a follow-up thank-you letter sent. If students plan to evaluate their findings, care should be taken that the criteria used are sound.

(Note: If a sophisticated study is planned, it is suggested that teachers use school and/or community expertise in sampling, analyzing and interpreting information.)

EXPERIMENTS AND DEMONSTRATIONS

Experiments may be performed by students or demonstrated to the class by the teacher or a resource person. Preplanning for experiments includes: making scientifically sound selections that are in line with the purpose of the lesson and with the maturity of the students; obtaining necessary materials and equipment; and anticipating questions about the results. These activities should be coordinated with the science program to prevent duplication.

A SAMPLING OF TEACHING METHODS, CONT'D

SELF-CONSTRUCTED VISUAL AIDS

Aside from providing a useful outlet for creativity and originality, self-constructed visual aids enliven instruction and help clarify, simplify, emphasize, interpret, and reinforce learnings. Symbolic representation of data may be used through charts, tables, diagrams, maps, graphs, posters, cartoons, mobiles, and combinations of these. Charts, tables, graphs, and maps are effective in disseminating information in a compact form while posters and cartoons, by their potential emotional impact, justify their use in the classroom because of their potential influence on attitudes. Student-constructed visuals may also play a major role in reinforcing the program outside classroom walls, obtaining needed community support for the program.

LEARNING CENTERS

Grades 2-6 of the Drug Education Curriculum each contain a set of learning center activities.

A learning center consists of a series of child-centered stations, each of which develops skills and knowledge around a specific topic. Students are active, independent learners as they work through interesting activities prepared for them at their level.

Every learning center has the following elements:

1. Name reflecting the topic of the center.
2. An attractive attention-getting, visual presence.
3. Tasks written on activity cards in a clear, concise manner explaining to the students what they will do and how they will do it.
4. Materials needed for the tasks.
5. An evaluation and record-keeping system to monitor pupil progress.

The learning center can be constructed on a bulletin board, or separate tables can be used as task centers. At least one table is necessary to hold resource materials, task-related materials, and completed projects.

Students can work through learning centers independently or in groups. Students may complete all tasks, or just certain tasks, depending on the directions given by the teacher. They may work at a center during an assigned time or whenever they have free time. The methodology is flexible and can be readily adapted to suit the needs of students and teacher.

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12

In the outlines presented on the following pages, Roman numerals represent topics addressed by curriculum concepts and letters represent the topics addressed by objectives under these concepts. The purpose here is to give an overview of the major topics and their sequence in the curriculum, rather than an outline of concepts and objectives, making quick reference and comparisons relatively easy.

KINDERGARTEN

I. Self-Image, Feelings and Tolerance
   - A. Identifying and expressing feelings
   - B. Ways we are each unique
   - C. Ways we are the same
   - D. Accepting feelings of others

II. Group Membership
   - A. Family membership
   - B. Responsibilities toward family members
   - C. Group participation
   - D. Need for rules

III. Responsibility for Health
   - A. Safe vs. unsafe things to eat
   - B. Health helpers
   - C. Health decisions

GRADE ONE

I. Self-Image and Communication Skills
   - A. Expressing uniqueness
   - B. Identifying situations that make us feel important
   - C. Recalling and sharing success experiences
   - D. Sharing and accepting feelings
   - E. Sharing and accepting decisions

II. Responsibility for Feelings and Actions
   - A. Changing feelings
   - B. Identifying uncomfortable feelings
   - C. Handling unpleasant situations

III. Making Healthy Decisions
   - A. Safe use of substances
   - B. Recognizing poisons
   - C. Rules regarding dangerous substances
   - D. Making healthy choices

GRADE TWO

I. Making Choices to Meet Needs
   - A. Needs vs wants
   - B. Forming habits

II. Self-Image, Social Interactions and Responsibility
   - A. Responsibility for feelings and actions
   - B. Family membership and support
   - C. Class membership and support
   - D. Solving classroom problems
   - E. Importance of classroom rules
   - F. Setting rules and determining consequences for breaking rules

III. Body Balance and Health
   - A. Definition of balance
   - B. Feeling body balance
   - C. Body parts and functions
   - D. Maintaining a healthy body

IV. Wise Use of Substances
   - A. Identifying well vs sick feelings
   - B. Definition of medicine
   - C. When to take medicine
   - D. Persons from whom we should take medicine
   - E. Rules for taking medicine

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE THREE

I. Self-Image and Responsibility for Risk-Taking
   A. Improving our own self-images
   B. Feelings about success
   C. Risk-taking, alternatives and consequences
   D. Changing decisions
II. Group Dynamics
   A. Recognizing group influences
   B. Speaking and listening in groups
   C. Supporting group members
   D. Ways of solving group problems
   E. Making a group decision
III. Body Balance and Health
   A. Body systems and functions
   B. Relating body balance to internal and external body environments
   C. Feelings which affect balance
IV. Assuming Personal Responsibility for Health
   A. Habits affecting present and future health
   B. Importance of assuming personal responsibility for health
   C. Setting personal goals for protecting health

GRADE FOUR

I. Appropriate Uses for Drugs
   A. Definition of "drug"
   B. Differences among prescription, over-the-counter and illegal drugs
   C. Medical uses for drugs
   D. Prescriptions
   E. Labels
   F. The pharmacy (Learning Center)
   G. Comparing contemporary medications with past medications
II. How Emotions Affect Health
   A. Awareness of emotions
   B. Feelings that bring discomfort
   C. Sickness as a means of dealing with problems
   D. Ways to change emotions
III. Communication Skills and Problem-Solving
   A. Practicing communication skills
   B. Responsibility for feelings
   C. Practicing problem-solving
   D. Risk-taking, consequences and alternatives
   E. Solving dilemmas
IV. Setting Personal Health Goals
   A. Importance of learning facts before making decisions
   B. Identifying habits hazardous to health
   C. Importance of valuing health
   D. Setting personal goals and recording progress

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE FIVE

I. Drug Use and Body Balance
   A. How various categories of drugs affect body balance
   B. Differentiating use, misuse and abuse of drugs
   C. The cycle of dependency and tolerance
   D. Reasons for substance misuse and abuse
II. Drugs and Society
   A. General advertising techniques
   B. How advertising influences drug-buying
   C. Techniques used to sell drug products
   D. Prevalence of drug use
III. Problem-Solving and Decision-Making
   A. Comparing and choosing techniques
   B. Implementing decisions assertively
IV. Group Dynamics
   A. Friendships
   B. Peer groups
   C. Dependency needs
   D. Listening skills in group situations

GRADE SIX

I. Drugs and Human Needs
   A. Valid sources of information
   B. Psychoactive drug classifications
   C. Marijuana (Learning Center)
   D. Relationship of needs to substance abuse
II. Personal Decisions Regarding Drug Use
   A. Relating maturity to ways of handling feelings
   B. Effects of feelings and attitudes on decisions
   C. Evaluating decisions regarding psychoactive drug use
   D. Double standards
   E. Setting personal goals for maintaining health
III. Drugs and Society
   A. Substance use and alternatives in managing daily problems
   B. Substance misuse and abuse as concerns of society
   C. Controls on the purchase, possession and use of substances
IV. Alternatives to Drugs
   A. Mood changes as a part of everyone's life
   B. Identifying things to help us feel good
   C. Risk-taking, consequences and alternatives
   D. School and community resources

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

JUNIOR HIGH

I. Maintaining the Homeostasis of the Body
   A. Environmental factors
   B. Psychoactive drugs
   C. Prescription and over-the-counter drugs
   D. Drug use and pregnancy
II. Drugs and Society
   A. Advertising and drugs
   B. Legal aspects of substance use, misuse and abuse
III. Motivations for Drug Use
   A. Individual reasons for using or abusing drugs
   B. Progression from experimentation to abuse
   C. Effects on performance
   D. Reasons for continued drug use by individuals
   E. Constructive alternatives
   F. Breaking Habits
IV. Communication Skills
   A. Importance of clear communication
   B. Practice communicating feelings and needs
   C. Practice listening and receiving messages
   D. Dynamics of peer pressure and drug use

SENIOR HIGH

I. Effects of Drugs on the Homeostasis of the Body
   A. Major classes of drugs (review)
   B. Effects of drugs on the neuron and the brain
   C. Tension and body balance
   D. Substance use and body balance
   E. Drug interactions
   F. Drug dependence, tolerance and withdrawal
   G. Drugs and driving
   H. Drugs and pregnancy
II. Drugs and Society
   A. History of drug use
   B. Relationships among industry, controls and society
   C. Social policies regarding drug use
   D. Effects of drug abuse on society
   E. Viewpoints
III. Communication Skills:
   A. Stating feelings and needs constructively
   B. Communication dynamics in groups
   C. Communication dynamics in relationships
   D. Effects of substance abuse on relationships
IV. Motivations and Alternatives
   A. Changing modds and feelings
   B. Identifying alternative activities
   C. Dealing with distress and pressure
   D. Practice decision-making
   E. How substance use decisions influence life style and life span
   F. Developing a model of a life-long plan for health
   G. Identifying sources of help and support in the community

CHARACTERISTICS OF EARLY AND LATE CHILDHOOD

Early childhood extends from two to six years, and late childhood extends from six years to the time of sexual maturity. The period of childhood is marked by growing independence. As the child leaves the home environment and enters school, new expectations and pressures result in changes in patterns of behavior, attitudes and interests.

EARLY CHILDHOOD

Certain characteristics of early childhood set it apart from other periods. Perception dominates thinking. In order to learn that things are not always what they appear to be, the child reaches out to touch and to experience people and objects in the environment. Rapid developments in language patterns and vocabulary help the child to communicate freely with peers and adults, and permit the child to express personal experiences and ideas about family and possessions.

As the child is placed in play and work groups, the needs and ideas of others begin to counteract the egocentrism and self-involvement characteristic of this period. Cooperative play evolves, and the child learns that sharing gains social approval and emotional support from peers and teachers.

Early childhood represents a period of heightened emotions. Children feel they are capable of accomplishing more than they are permitted to do. Anger and frustration develop when they are thwarted in their attempts to reach a goal. Children express spontaneously their emotions - anger, fear, jealousy, joy, affection, sadness - and need to be given time to share these feelings with their peers. Role-playing, creative dramatization, identification with storybook characters and simple discussion help children to express their feelings, and understand the feelings of others.

LATE CHILDHOOD

Late childhood corresponds to elementary school age. It is the time when the child is expected to acquire the foundations of learning that are considered essential for successful adjustment to later life. Failure to master the tasks assigned to this period results in feelings of inferiority and insecurity. Self-help skills (caring for personal needs), social skills (respect for others), school skills and play skills are developed. The child moves through a period of concrete operations where language is used increasingly to represent experiences and ideas. Listening, speaking, reading and writing develop rapidly as the child learns from adults, peers, books, magazines, television - everything in the environment.

The period of late childhood has been called "The Gang Age." Play groups are formed in which members are usually of the same age, sex and grade level. The child eats lunch, plays games and sports, and moves through the neighborhood and school with this special set of peers. Within the group, there are frequently shifting patterns of leaders and followers, and quarreling, boasting and bossiness are frequent verbal behaviors. It is a time of strenuous physical play where skill is held in esteem.

Children who are not accepted as members of a group must frequently find solitary amusements. Because social acceptance is a central role in the child's life, the degree to which the child feels accepted or rejected can influence social patterns now and in later life.

As the child matures, more control over the outward expression of emotions occurs. Acceptable and unacceptable forms of expression are assimilated, although concepts of positive and negative behavior are generalized to new situations. Misbehavior at school and with friends is used to win peer approval and to assert independence from adult authority. Older children are aware of religious, social and socio-economic status, and usually accept the cultural stereotypes passed to them by adults toward these situations. Only through exposure to alternative ideas and attitudes can the child clarify personal values.

During childhood, the child is expected to assume added responsibilities in school and at home, and success in handling responsibilities (especially those which significant people consider important) will add to a sense of well-being. Achievement, acceptance by others, and affection will help the child experience security and happiness during these formative years.

DEVELOPMENTAL TRAITS 5-8 YEAR OLDS (GRADES K-3)

1. By the age of 6, the average child has attained 43% of physical adult size while the brain and central nervous system have attained 90% of their size. Of course growth of the child will continue to occur, but the increments will be much smaller.
2. The children of this age group are now beginning and will continue to learn skills for ordinary games. Socialization with peer groups in game situations is important, as is socialization in the classroom setting.
3. It is at this time that children begin to formulate and develop conscience, a sense of morality, and a scale of values. By the age of 11 or 12, these items will be well-ingrained into the personality of the child and are likely to remain relatively unchanged.
4. The learning of culturally appropriate psychosexual roles begins to take place in earnest during this time period.
5. The achievement of personal independence begins to take place. The child entering school experiences a suddenly expanded "world" -- from his or her home to the neighborhood, then to the community. No longer is the child content to remain in his or her previous world, namely home and family.
6. The child will begin to evaluate himself/herself in terms of the school standards and the standards of his or her school peers. Self-concept will be modified from the image set previously by his or her parents and siblings. This receptiveness makes the child amenable to "affective" health education, an occasion perhaps never to be duplicated in later years.

DEVELOPMENTAL TRAITS OF 9-12 YEAR OLDS (GRADES 4-6)

By the time a student reaches the 4th grade, he or she is most likely to:

1. Show an increasing concern for group recognition and approbation.
2. Reject standards of home in favor of those of peer group or a clique.
3. Become a member of some secret society or social club.
4. Fluctuate between a need for independence and for dependence.
5. Be inconsistent and variable in regard for parents.
6. Be torn between loyalty to home and allegiance to peers.
7. Take good health for granted and become concerned only on those occasions when an illness threatens to interfere with activities.
8. Lack maturity of judgment.
9. Greatly increase interest in facts of all kinds and show a desire to extend intellectual as well as physical horizons.
10. Be critical of explanations of scientific phenomena, often demand evidence, and be alert to the claims of propaganda.

INDEX TO SUBJECTS COVERED BY ACTIVITIES IN GRADE TWO

	See Page(s)
Body balance	33, 34, 41
Body movement	34, 35
Body parts and functions	35
Dilemma, definition of	27
Dilemmas	27
Families, membership in	21-23
Feelings, awareness/recognition of	7, 19
Feelings, changing	20
Feelings, control of	19
Group membership/support	23, 24, 25
Habit, definition of	9
Habits	9-17, 37
Habits, changing	9, 13
Habits, good	7, 9, 10, 13, 15
Health, responsibility for	36, 37
Help, sources of	22
Helping others	25, 26
Medicine, definition of	45, 46
Medicines, effects on the body	47, 48
Medicines, identifying	46
Medicines, reasons for taking	47, 48
Medicines, rules for taking	58, 59
Medicines, whom to accept them from	57, 59, 60
Needs	3, 4, 8
Needs, personal	4
Poisons	60
Problem-solving	22, 27
Rules, school/classroom	28-30
Sickness, feelings of	41, 45

GRADE TWO

MATERIALS LIST

TEACHER REFERENCES: The following materials are examples of references that provide further background and additional activities. It is expected that this suggested list will be modified by teachers as they work with the curriculum. Prices (1980) are subject to change.

Canfield, Jack and Wells, Harold C. 100 Ways to Enhance Self-Concept In the Classroom. A Handbook for Teachers and Parents. Englewood Cliffs, NJ: Prentice Hall, Inc., 1976. $11.95.

Galbraith, R.E. Moral Reasoning: Teaching Strategies for Adapting Kohlberg to the Classroom. Minneapolis, MN: Greenhaven Press, 1976. $7.95.

U.S. Consumer Product Safety Commission. A Guide to Teaching Poison Prevention in Kindergarten and Primary Grades. Washington, DC: U.S. Government Printing Office (SN 052-003-00257-4). $1.25.

CLASS RESOURCES: The following materials are listed for use in supplementary activities. It is suggested that they be reviewed, wherever possible, to identify those which will best enhance the school program. U.S. Government publications should be ordered three months in advance to ensure timely delivery.

		SEE PAGE(S)
Coloring Book:	Soozie Says, "Only Sick People Need Drugs!" Washington, DC: U.S. Government Printing Office (SN 027-004-00024-3), 1978. $1.75.	60
Filmstrip:	Drugs, Poisons and Little Children. Freeport, NY: Educational Activities, Inc. $17.50. (filmstrip, cassette or record, teacher's guide).	60
Self-Help Book:	Wilt, Joy. Making Up Your Own Mind. Rolling Hills Estates, CA: B.L. Winch & Associates, 1979. $5.25.	10
Storybooks:	Blaine, Marge. The Terrible Thing That Happened At Our House. New York: Four Winds Press, 1975. $8.95.	23
	Clearly, Beverly. Ramona and Her Father. New York: Dell Publishing Co., 1977. $1.75.	23
	Cohen, Miriam. Will I Have a Friend? New York: Macmillan Publishing Co., 1967. $5.95.	26

		SEE PAGE(S)
Storybooks (cont'd.)	Fassler, Joan. The Boy With A Problem. New York: Human Sciences Press, 1971. $6.95.	20
	Guilfoile, Elizabeth. Nobody Listens to Andrew. Englewood Cliffs, NJ: Scholastic Book Services, 1973. $.95.	23
	Schick, Eleanor. Home Alone. New York: Dial Press, 1980. $1.95.	23
	Schlein, Miriam. I Hate It. Chicago, IL: Albert Whitman & Co., 1978. $5.95.	20
	Simon, Norma. All Kinds of Families. Chicago, IL: Albert Whitman and Co., 1976. $4.50.	23
	Simon, Norma. Why Am I Different? Chicago, IL: Albert Whitman and Co., 1975. $5.00.	23
	Thompson, Jean. Don't Forget Michael. New York: William Morrow and Co., Inc., 1979. $6.95.	23
	Viorst, Judith. The Tenth Good Thing About Barney. New York: Atheneum Book Co., 1975. $1.95.	20
	Zolotow, Charlotte. The Hating Book. Englewood Cliffs, NJ: Scholastic Book Services, 1969. $1.25.	20

57

GRADE TWO

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE A The students will differentiate between "needs" and "wants" and share how they feel when their needs are not satisfied. TEACHER INFORMATION Psychologist Abraham Maslow identified the following five basic need categories: 1) physical needs, 2) safety needs, 3) love needs, 4) self-esteem needs, and 5) self-actualization needs. These needs are arranged in a hierarchy. The physical needs of food, shelter and a healthy body are basic to all other needs. Safety needs involve feelings of comfort & security in a particular environment. Love needs involve someone caring for you as you are.	ACTIVITY 1. Select a. or b. a. Brainstorming Ask children: "What is a need?" Explain that all living things have needs, and without certain things a person cannot live. Share, as an example, one of your needs. Then have children brainstorm a list of needs. Then have them rank order the needs. b. Needs Booklets Review the list of brainstormed "needs." Then have children work individually or in small groups to locate magazine pictures and advertisements that illustrate these basic needs and any others they may have. Discuss what kinds of things they do each day to fulfill their needs.	Materials: Magazines Scissors Glue Drawing paper	Oral Expression Art

GRADE 2 CONCEPT 1

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
TEACHER INFORMATION A want, in this context, is a desire that is learned. Point out that most people want some things that they can't have, and when this happens we should think about what we do have or can have to help us feel better.	ACTIVITY 2. Our Needs and Wants Divide the chalkboard into two sections. On one side write Things We Need to Do. On the other side write Things We Want to Do. Have the children volunteer their ideas and suggest where the teacher should list them. Compare the lists and help the children differentiate between wants and needs.		Oral Expression
	ACTIVITY 3. Feeling Circle Form a feeling circle, and present sentence stems to the children which involve expressions of their needs and wants. Compare the responses given to the sentence stems. Examples: To be happy I need... To be happy I want... To be comfortable I need... To be comfortable I want... To be warm I need... To be warm I want...		Oral Expression Critical Thinking
	ACTIVITY 4. Take Home List: My Needs and Wants Distribute the worksheet, My Needs and Wants, for the children to complete expressing their personal ideas. When the sheets are completed, have the children share the worksheets with their families.	Materials: Worksheet: My Needs and Wants, p. 5 (one per student)	Written Expression

WORKSHEET: MY NEEDS AND WANTS

Things I Need To Do	Things I Want To Do

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	SUPPLEMENTARY ACTIVITIES:		
	ACTIVITY 5. Roving Reporter Have the children interview each other regarding their habits. Prepare a simple question to ask about good habits, i.e., "What is a good habit you have?" Have the children present the interviews to the class. Ask the children to listen for, and report common habits.		Oral Expression
TEACHER INFORMATION When students are asked to respond, in turn, to sentence stems, the activity is called a whip.	ACTIVITY 6. Sentence Stems Use sentence stems as a group activity or writing experience; each child gives his/her own answers. Examples: - I feel good when... - I'm happy when... - I feel unhappy when... - When I want a toy and don't get it, I feel... - When I go to the doctor, I feel... - When Mom yells at me for jumping around, I feel... - When I want to stay up and I can't, I feel... - When I want to talk in school and I can't, I feel...		Oral or Written Expression

GRADE 2 CONCEPT 1

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ENRICHMENT ACTIVITY FOR THE GIFTED:		
TEACHER INFORMATION This works well as a bulletin board activity.	ACTIVITY 7. Everyone Has Needs In order to show that all people have basic needs, have the children collect pictures of people from other cultures and describe how these people satisfy their needs. The children can compare the food, clothing and shelter of other cultures to their own situations, note the similarities, and hypothesize why differences exist.	Materials: Pictures of people from other cultures	Social Studies Oral or Written Expression

GRADE 2 CONCEPT 1

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE B The students will identify and discuss *habits and how they* are formed. TEACHER INFORMATION A habit is a practice which begins in order to fulfill a need and is then repeated for its own sake, even though it may no longer meet the original need. Habits, once formed, are difficult to break. Attention paid to how habits are formed helps students to be more aware of certain behaviors.	ACTIVITY 1. Brainstorming Habits Write the word "habits" on the chalkboard. Ask children to define the term. Ask the children *to share the habits they practice every day.* List these habits on the chalkboard. Have them review the list, and rank order the habits, placing first those habits that are good for health. Add any good health habits that are missing. Have the children copy the list to take home and share with their families. Family habits may then be added to the personal lists. ACTIVITY 2. Classification of Habits Ask the children to categorize habits under three headings: - Habits Which Are Good for Health - Habits Which Are Bad for Health - Habits Which Are Neither Good Nor Bad (Neutral) for Health Ask the children to list their habits under each category. They can also list or categorize habits of family members.		Oral Expression Written Expression Written Expression
TEACHER INFORMATION Examples of habits that may have changed: - sucking a thumb - carrying around a blanket - sleeping with a toy - wetting pants	ACTIVITY 3. Changing Habits On the chalkboard, write the words, "Habits We Have Changed." Ask each child to list 5 habits that s/he practices every day. Ask the children to recall when they were little, and list 5 habits that they practiced then. Compare the lists to find habits that have changed.		Reading Oral/ Written Expression

GRADE 2 CONCEPT I

CONCEPT: Everyone has basic needs and we make choices to meet these needs.

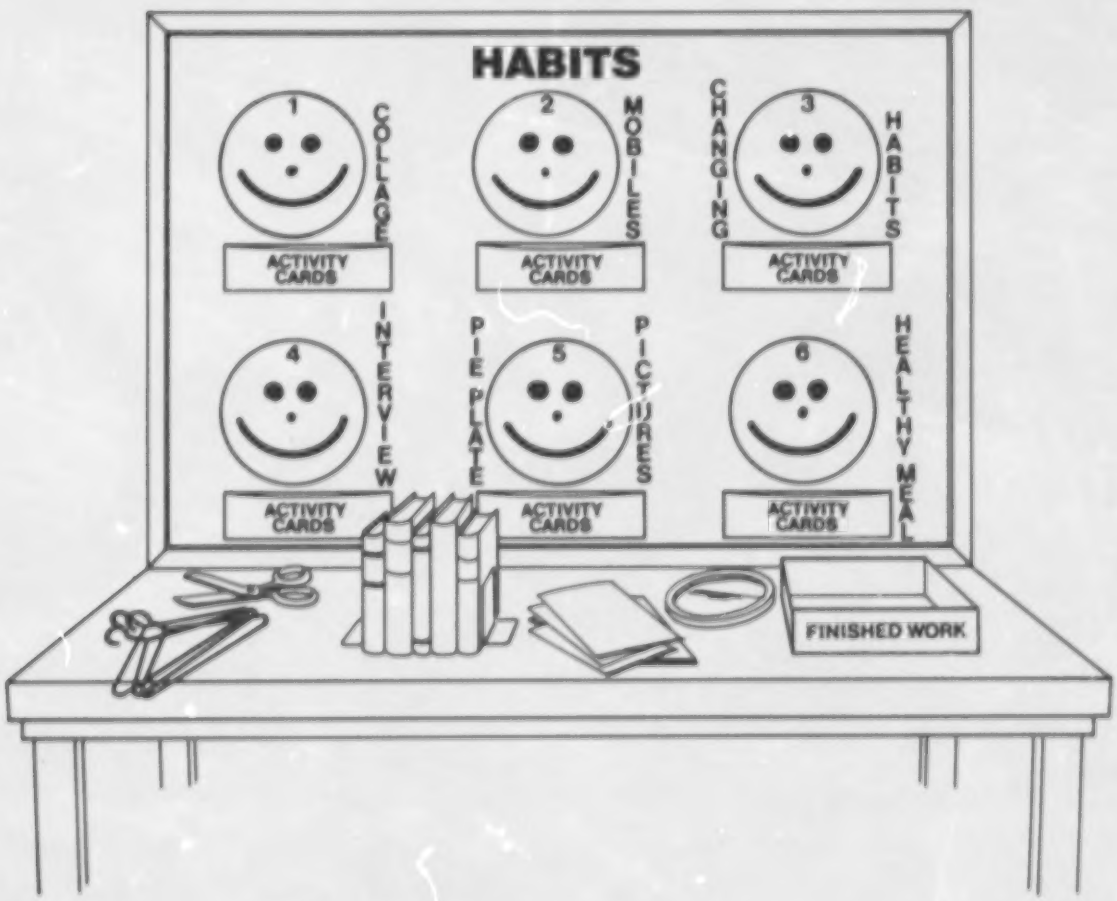
OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	SUPPLEMENTARY ACTIVITIES:		
TEACHER INFORMATION This book is listed for parochial school children because reference is made to God in the Introduction and in chapter summaries.	ACTIVITY 4. Independent Reading for Parochial School Children Children may benefit from reading, on their own, a book designed to help them make good decisions.	Self-Help Book: Making Up Your Own Mind by Joy Wilt	Reading
	ACTIVITY 5. Learning Center on Habits This center combines six activities. It is described and illustrated on the following pages.	Materials: Table Bulletin board Colored paper to cover board Stiff paper for making cards Envelopes (pockets) to hold cards Tacks Basket or box Magazines Scissors Paste Coat hangers Clothesline String Drawing paper Paper clips Paper pie plates Markers, Crayons	Art Written Expression Oral Expression Nutrition
	CULMINATING CONCEPT EVALUATION ACTIVITY:		
TEACHER INFORMATION The habits discussed in this evaluation activity are not specifically named in the curriculum. It is assumed that these habits will be elicited by the previous activities.	Crossword Puzzle Have the students complete the Good Habits Crossword Puzzle Evaluation. Discuss the ideas that are listed in the puzzle, and informally evaluate the carry over of ideas from the previous discussions.	Materials: Evaluation: Good Habits Crossword Puzzle, p. 17 (one per student)	

SECOND GRADE

LEARNING CENTER ON HABITS

DIRECTIONS FOR MAKING THE LEARNING CENTER

1. Cover a bulletin board with colored paper, and place a work table below.
2. Cut out six smiling faces and tack on bulletin board.
3. Write the titles of the activities next to the faces.
4. Under each face and title attach a pocket to hold the activity cards.
5. Prepare activity cards and place in pockets.
6. Place materials required for activities on the table.
7. For Activity Two, put up clothesline for pupils to use in hanging up their mobiles.
8. Provide a basket for reports. Periodically check the basket and check the worksheets placed there by the students.



ACTIVITY CARD ONE: LET'S MAKE A COLLAGE

Look through magazines. Cut out pictures of people who have good health habits. Make a collage with these pictures. Hang the collage on a bulletin board.

ACTIVITY CARD TWO: MOBILES OF HABITS:

We have all kinds of habits: some of them are good; some of them are bad. Some are neither good nor bad (neutral). Make a mobile showing different habits which you practice -- good, bad and neutral. Hang your mobile on the clothesline in the corner of the classroom.

ACTIVITY CARD THREE: WHO CAN HELP US CHANGE OUR HABITS?

Draw a picture of a person who can help us change a bad habit to a good habit. Then take a piece of paper and answer these questions:

1. What is the bad habit we would like to change?
2. Who can help us change the habit?
3. How can the person help us change the habit?
4. How will I feel when I have changed the habit?

Write your answers to these questions, and clip to your picture. Share your picture and your report with two classmates.

ACTIVITY CARD FOUR: INTERVIEW

Ask each member of your family to name a good health habit which they practice. Ask them these questions:

1. What is a good health habit you practice everyday?
2. Why is that habit important?

Write down what your family members say. Make a health book. Put your family interviews inside the book. Draw a cover for the book. Put a title on your book. Put your book on the center table for other children to read.

ACTIVITY CARD FIVE: PIE PLATE PICTURES

Take a paper pie plate. With a crayon, divide the plate into four even parts.

In the first part, draw a good health habit you practice in the morning.
In the second part, draw a good health habit you practice at lunchtime.
In the third part, draw a good health habit you practice in the afternoon.
In the fourth part, draw a good health habit you practice at night.

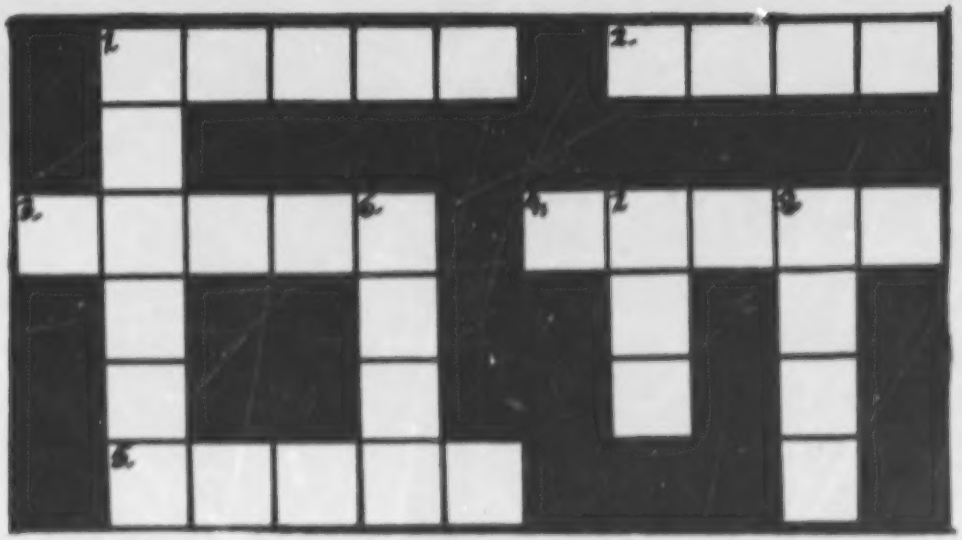
When you are finished, share the pie plate picture with a friend.

ACTIVITY CARD SIX: PLAN A HEALTHY MEAL

Take a paper pie plate. Cut out pictures of food from a magazine. Paste them on the pie plate to show a complete, healthy meal. Place your meal on the center table.

GOOD HABITS CROSSWORD PUZZLE

Complete the puzzle by filling in words that tell about good habits.



Across

1. Cross the street when the light is _____.
2. ____ is good to drink.
3. Wash your _____ before eating.
4. _____ your teeth twice a day.
5. Every morning, we put on our _____ and shoes.

Down

1. A good fruit for a snack is a bunch of _____.
6. We stay in bed and rest when we feel ____.
7. We stop and wait when the traffic light is ___.
8. We play in a ____ place away from traffic.

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE A The students will explore ways that they handle feelings and discuss constructive ways of directing their reactions. TEACHER INFORMATION To recognize and understand one's feelings is to increase self-awareness. To become aware of feelings and of alternate ways of reacting to those feelings is to gain a measure of control over one's behavior.	ACTIVITY 1. Sentence Stems Have several children volunteer to complete sentence stems such as: - When I feel angry, I... - When I feel sad, I... - When I feel bored, I... - When I feel restless, I... - When I feel grumpy, I... - When I feel happy, I... - When I feel silly, I... Discuss that there are different ways of reacting to the same feeling, and some ways may bring better results than others. ACTIVITY 2. Emotion Booklets Have the students make booklets describing their emotions. Frightened Is Happy Is Angry Is Bored Is (Cont'd on next page.)	Materials: Drawing paper Stapler Pens, pencils, crayons, markers	Oral Expression Written Expression Art

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 2. (cont'd) Personalize these books by adding a front and a back cover. The front cover can be titled, "_____'s Feelings." The back cover can be titled, "Other Feelings I Have," followed by a list of personal feelings which the child identifies.		
	SUPPLEMENTARY ACTIVITY:		
	ACTIVITY 3. Storybook Reading Have the children read books about children who change their feelings after having some unpleasant experiences.	Storybooks: The Hating Book by Charlotte Zolotow The Tenth Good Thing About Barney by Judith Viorst I Hate It by Miriam Schlein The Boy With A Problem by Joan Fassler	Reading
	ENRICHMENT ACTIVITY FOR THE GIFTED:		
TEACHER INFORMATION The teacher can facilitate this activity by giving an example from personal experience.	ACTIVITY 4. Changes List the following "feeling changes" on the chalkboard: - sad to happy - nervous to calm - bored to interested - angry to pleased Have the children choose a "feeling change" and describe a time when they felt the first way and provide reasons as to why they felt that way. Then, have the children describe one action they took to change from the first feeling to the second feeling. Summarize the activity by pointing out that there are things that can be done to change feelings.		Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE B The students will explain that they are members of a family and discuss ways in which the family supports them. TEACHER INFORMATION For many children, the traditional definition of family is changing. The family may include a wide variety of adults. It is important to center on the concern and caring common to all families rather than the individuals who comprise the family. Since the family structure may not be traditional, be prepared to accept the family structures which are described.	ACTIVITY 1. Select a. or b. a. Family Collage Make a "Family Collage." Have children bring in photos of their families working and playing together, and collage the photos. (Magazine pictures of people who can represent family members can be substituted.) Ask the children to write a three- or four-line explanation which describes how the family works and plays together. Have the children share their collages with their families. b. Working Together, Playing Together Have the children cut out pictures from magazines, and classify these pictures under the headings: Working Together Playing Together Have the children discuss the pictures which are like their families.	Materials: Photos, or magazine pictures Paste Markers, crayons Materials: Magazines Scissors Glue Markers, crayons	Written Expression Art Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 2. Problem Solving Present the following situations to the children and ask them which family member or responsible adult might help them solve the problem. Ask what help might be given to them, and elicit how this support would make them feel. - You cut your knee, and it is bleeding. - Another child is bothering you on the way home from school. - Your best friend isn't talking to you and is best friends with someone else. - Everyone but you was invited to a birthday party. - You received a bad mark on your arithmetic test. - Your friend stole some sports equipment.		Oral Expression Divergent Thinking
	ACTIVITY 3. Newspaper Article Have the children write a short newspaper article about a time when they needed help and a family member provided support. Point out that a newspaper article tells "Who... What... Where... When... and Why." The children can illustrate the articles.	Materials: Drawing paper Markers, crayons	Written Expression Art

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	SUPPLEMENTARY ACTIVITY:	Storybooks:	Reading Listening
	ACTIVITY 4. Storybook Reading Read and discuss with the children books about families and events that frequently occur in families.	All Kinds of Families by Norma Simon Home Alone by Eleanor Schick Nobody Listens to Andrew by Elizabeth Guilfoile Why Am I Different? by Norma Simon Ramona and Her Father by Beverly Cleary Don't Forget Michael by Jean Thompson The Terrible Thing That Happened At Our House by Marge Blaine	
OBJECTIVE C The students will explain that they are members of a class, and discuss ways in which they support the class and the class supports them.	ACTIVITY 1. (Select one or more) a. Human Pretzel Divide the class into groups of six to ten children. One student from each group should volunteer to be "It." Have each group of children stand, hold hands firmly, and move about so as to become totally entangled like a pretzel. When the pretzel is so entangled that the children can no longer move freely, announce that the groups are to "freeze." When all groups are frozen, the "It" children try to untangle their groups. Throughout the exercise, hands should never be separated. Ask the children how they felt being a human pretzel. Have them talk about ways in which they tried cooperatively to unknot the pretzel. (Cont'd on next page.)		Physical Education

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 1. (cont'd)		
	b. Machine Building Demonstrate a washing machine. Two children hold hands with out-stretched arms and a third child moves around inside as the "dirty laundry." Other possibilities include a typewriter, a car wash, or a blender. After the demonstration, break the class into small groups and ask children to create their own machines which will be presented to the larger groups for others to guess. Within the small groups, it is helpful to ask the following: - What type of machine would you like to build? - Of those machines mentioned, which do you think would be possible for us to create? - What are the parts of this machine? - Which of these parts would you like to be? Why? - Is the machine complete with the chosen parts? If not, what is missing? Compare these machines to the class. How does the class work together to get a job done like a good machine?		Physical Education
TEACHER INFORMATION A similar activity is included in the Kindergarten Curriculum, p. 21.	c. Class Mural Have the children create a class mural. Have each child draw him/herself into the mural doing a favorite school activity. When the mural is completed, have the children discuss how each one contributes to the identity of the whole class. The mural can be made to "talk" by providing each child with a "talking balloon" on which they can write a sentence or caption for their picture.	Materials: Large brown wrapping paper Markers, crayons, paints	Art Written Expression

(Cont'd on next page.)

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 1. (cont'd)		
	d. Cooperation Puzzle On a table in a quiet area of the room, place a jigsaw puzzle (about 100 pieces) for the children to assemble. Work out class rules for participation in this activity with the children.	Materials: Commercial jigsaw puzzle	
	e. Cooperation Fruit Salad Have the children volunteer to bring in ingredients and materials to make a fruit salad. Divide the class into groups; assign different responsibilities for making the salad. When the salad has been eaten, ask the children to share their feelings about the cooperative project.	Materials To Be Brought In By Students: Fruit — Napkins Paper cups — Cutting surface Spoons — Mixing spoons Materials To Be Brought In By Teacher: Utensils for preparing fruit Salad bowl Garbage bags for clean up	Nutrition
	ACTIVITY 2. Helping (Select one or more)		
TEACHER INFORMATION Have children draw names for this activity to ensure that all children can benefit from this experience.	a. Do Something For A Classmate Start a "Do Something for Someone in the Class" activity. Each child must try to do something considerate for a member of the class, but must not tell the class member what s/he is doing. At the end of the day, have children who felt something good happen during the day share their feelings and experiences. (Cont'd on next page.)		Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
TEACHER INFORMATION Bring out how the experience of helping others usually makes us feel good, too.	ACTIVITY 2. (cont'd) b. Lend a Helping Hand Place a series of hand cut-outs in an envelope on a bulletin board. Call the board, "Lend a Helping Hand." Have children take a "hand" and write or illustrate a way they help a school worker (custodian, nurse, principal, teacher, lunch aide, etc.).	Materials: Hand cut-outs	Written Expression Art
	c. Helping People Have the children write a script for a stick puppet show about helping people. After puppet and scenery are made and the show has been rehearsed, invite other classes and the childrens' families to enjoy the show.	Materials: Paper Tongue depressors Scissors Glue A large cardboard box Markers, crayons	Art Written Expression Dramatics
	SUPPLEMENTARY ACTIVITY: ACTIVITY 3. Storybook Reading Have the children read a story about a child's fears upon entering a new school.	Storybook: "Will I Have a Friend?" by Miriam Cohen	Reading

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE D The students will discuss problems that occur in the classroom and demonstrate the ability to solve these problems. TEACHER INFORMATION Retain the list brainstormed in Activity 1 for preparing dilemmas for future use. A dilemma is a situation in which a difficult or uncomfortable decision must be made.	ACTIVITY 1. Solving A Classroom Problem Have the children focus on a situation which has been identified either by the teacher or children as a problem within the classroom. Brainstorm a list of alternatives to resolving the problem. Once brainstorming is completed, have the children rank order the solutions, and explain the order of their choices to the class. ACTIVITY 2. Dilemmas Have the children discuss the following dilemmas; elicit their ideas for solving them: I Saw It: You see a friend take something from a classmate's coat pocket. The classmate discovers it is missing and tells the teacher. The teacher asks if anyone has seen it. What do you do? How do you feel? Left Alone: You are playing with a classmate. Another child comes along and starts talking to your friend. They go away together and leave you alone. How do you feel? What would you do? Secrets: You are playing with two classmates. Your friends start whispering and telling secrets. They won't tell you what they are saying. How do you feel? What would you do? New Kid: There is a new kid in the class who is in a wheelchair. Your friends make fun of him. How would you feel? What would you do?		Oral Expression Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE E The students will discuss the importance of having classroom rules.	ACTIVITY 1. School Rules (Discussion) Ask children to imagine how they would feel if they attended a school with no rules. Have them describe what would happen if everyone talked at the same time; if there were no fire drill rules; if there were no rules for walking in the halls. Have the students discuss rules that are necessary to make school a safe experience. Let the students compare these rules to the rules they practice every day. Allow the students to evaluate the rules they follow, and provide reasons why these rules are important.		Oral Expression Safety
	ACTIVITY 2. If I Were Teacher Use the feeling circle technique to present the children with sentence stems to complete, and ask them to focus on classroom and school rules and management. Sentence Stems: - If I were teacher, I would... - If I were principal, I would... - If I were the bus driver, I would... - If I were the crossing guard, I would... - If I were a parent, I would... Discuss the ideas presented, and their relevancy for classroom improvement. Ask other children how well they think the ideas would work.		Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE F The students will participate in setting classroom rules and determine consequences for breaking the rules. TEACHER INFORMATION It is important to point out that rules that are fair help everyone to work and play together. Of course, once rules are formed, they must be fairly applied. It is imperative that all rules be realistic. Try to avoid too many rules. If possible, write the final rules in a positive manner, i.e. "We walk in the halls."	ACTIVITY 1. Discussion of Classroom Rules Divide the children into small groups. Have them list as many classroom rules as they can in five minutes. Share these rules and make one chart of classroom rules. Ask the children to evaluate these rules in terms of fairness. For any rules which are considered unfair, ask the children how these rules could be changed. Have the children suggest some new rules that might make the class run more smoothly. Have children take a finalized list of their classroom rules home to share with parents. ACTIVITY 2. Broken Rules Divide the children into small groups. Present each group with a rule and a situation in which the rule is broken. Ask the group to decide what should be done in each situation. Examples: - The children have been told that they cannot have a recess until the class has finished their reading assignments. Two children are fooling around and have not finished their work. This is the third time this week that the class was late for recess because everyone waited for them to finish their work. - Anne runs around the classroom and hits other children. When she was asked to stop, she said there was no rule against what she was doing. (Cont'd on next page.)		Written Expression Oral Expression Reading Oral Expression

GRADE 2 CONCEPT II

CONCEPT: A positive self-image enables us to accept ourselves, interact with others and make responsible decisions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION

ACTIVITY 2. (cont'd)

- The children have been told they have time to work on special art projects. Some children use the time to fool around. One child broke another child's clay piece. The teacher has stopped the special art time because the children could not behave.

CULMINATING CONCEPT EVALUATION ACTIVITY:

Stack the Blocks

Have the children complete the sentences on the Stack the Blocks evaluation. Talk about the words and have the children define what it means to share and help in the classroom. Informally assess the carryover of ideas from the previous discussions.

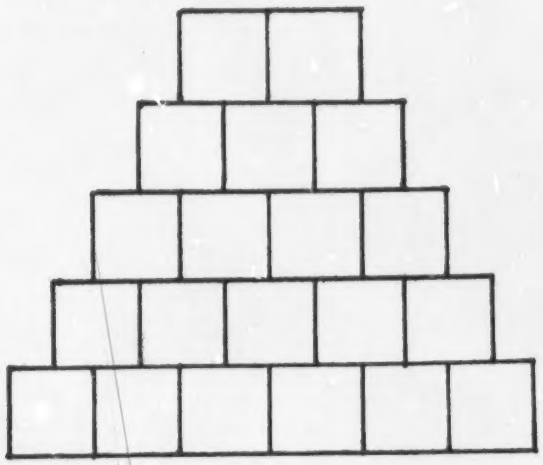
Materials:

Evaluation:
Stack the Blocks, p.31

STACK THE BLOCKS

Name _____ Date _____

Are you helpful when you work with your classmates? See if you can stack the blocks. The top line is 1, the second line is 2, etc. The bottom line is 5.



1. There is a fire drill. A friend talks to you. Do you answer? __
2. Someone has lost some money on the floor. Will you help look for the money? ___
3. Someone has a big box to carry. You ask if you can ____.
4. Someone has forgotten to bring crayons to school. You say you will _____ your crayons with her.
5. Today you did not bring a snack to school. Someone shared his cookies with you. You know he is a ______.

GRADE 2 CONCEPT III

CONCEPT: Our body is made up of many parts which work together when we are healthy.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE A The students will explore a state of balance. TEACHER INFORMATION Developing the concept of balance in the early elementary grades is basic to developing the concept of homeostasis in the upper grades. Drug use and abuse, in the simplest sense, changes the balance (homeostasis) of the body.	ACTIVITY 1. Balance Scale Create a balance scale from pie plates and hange the scale from a place that allows it to swing freely. Have children find the equivalents of items so that the scale balances. Provide time for exploration. Examples: 3 crayons - _____ pieces of chalk 1 eraser - _____ crayons 5 pennies - _____ pencils. Discuss what balance means.	Materials: Pie plates Hangers String Nail Items to Balance: Eraser Pennies Chalk, crayons Pencils	Math

GRADE 2 CONCEPT III

CONCEPT: Our body is made up of many parts which work together when we are healthy.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 2. Balance Plank Place a long plank on the floor. Have children walk the plank, balancing so that they do not step off of the plank onto the floor. Ask the children how it felt to keep their balance.	Materials: Plank of wood Balance beam or 2 x 4	Physical Education
	ACTIVITY 3. Stepping Stones Cut out of paper or other suitable material several "stepping stones." Spread these on the floor so they reach from one side of the room to the other. Explain that the children must cross the floor by stepping only on these stones. The children must control their movements and balance to walk from "stone to stone." Have children describe their feelings of maintaining balance.	Materials: Stiff paper Scissors	Physical Education
OBJECTIVE B The students will move to feel their bodies in space.	ACTIVITY 1. Select a. or b. or both a. Tops Ask the children to be tops. Have them wind up and spin around by jumping in the air and landing on their feet after having made a complete circle in the air. Ask children to describe their feelings of their bodies moving through space.		Physical Education
	b. Jumping Jacks Have the students be jumping jacks. When the the teacher calls "down," the children crouch,		Physical Education

(Cont'd on next page.)

GRADE 2 CONCEPT III

CONCEPT: Our body is made up of many parts which work together when we are healthy.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 1.b. (cont'd) sitting on their heels, with heads and arms tucked in. When the teacher says "up," the students jump as high as they can, extending their arms, and landing on their outstretched feet. Ask the students to describe their feelings of their bodies moving through space.		
	c. Rhythmic Movement Play music and have the students run, jump, hop, leap and skip in a circle to the movement as they feel their bodies move in space. Ask the students to describe their feelings of their bodies moving through space.	Equipment: Record player, cassette player, or piano	Music Physical Education
OBJECTIVE C The students will identify parts of their bodies and functions of these parts. TEACHER INFORMATION Examples of body puzzle parts: head, eyes, ears, nose, mouth, neck, arms, hands, chest, stomach, legs, feet	ACTIVITY 1. Build a Body Have the children build a body. Trace two outlines of a child on large brown paper. Keep one outline whole; cut one apart in puzzlelike pieces. Ask the children to choose a body puzzle part and describe a function of that part of the body. As the children answer, put the body part on the outline and build a body. Invite the school nurse-teacher to help with the body building and in facilitating discussion.	Materials: Large sheets of brown paper Markers, crayons Resource: School nurse-teacher (optional)	Science
	ACTIVITY 2. Build a Better Body As a follow-up to Build a Body, have the children create a "better body." Display the assembled body, and discuss how the body parts work to help us. Ask the children to redesign the body for greater efficiency and describe their creations to the class. Children can draw, write about and orally present their designs.	Materials: Drawing paper Markers, crayons	Written Expression Oral Expression Art Creative Thinking

GRADE 2 CONCEPT III

CONCEPT: Our body is made up of many parts which work together when we are healthy.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE D The students will express pride in something they do to maintain healthy bodies. TEACHER INFORMATION The definition of a healthy body should be developed broadly so that handicapped children are not excluded.	ACTIVITY 1. Maintaining a Health Body Discuss the importance of maintaining a healthy body. Ask the class: - What is a healthy body? - Why is it important for us to keep our bodies healthy? Examples of Answers: - A healthy body feels good and wants to play. - A healthy body fights off colds and other illnesses.		Oral Expression
	ACTIVITY 2. Safety Have children list three things they do to prevent accidents at home and in school and tell how these prevention steps help to keep them healthy.		Safety Oral Expression
	ACTIVITY 3. Proud Whips Move around the class, in order, asking children to share something they do to keep healthy, or that they are proud of. A child should start his/her reply with, "I am proud of..." or "I am proud that..."		Oral Expression

CONCEPT: Our body is made up of many parts which work together when we are healthy.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 4. Select a. or b.		
	a. Posters Have the children make posters illustrating one recommended health habit they can begin or continue. Relate their ideas to the following: eating, sleeping, care of teeth, care of eyes, care of hair, skin care, cleanliness, exercise	Materials: Poster paper Markers, crayons	Art
	b. Important Practices (Compositions) Have the children write a short composition about one of the things they do to maintain health. Provide suggestions for titles such as: - I Eat Healthy Foods - I Get Enough Sleep - I Keep My Hands Clean Have the students share their work with class members. If possible, develop a bulletin board around this theme.		Written Expression Reading
	CULMINATING CONCEPT EVALUATION ACTIVITY:		
	If My Body Could Talk Have the students complete the evaluation, If My Body Could Talk, by filling in the talking body balloons.	Materials: Evaluation: If My Body Could Talk, p.39	

IF MY BODY COULD TALK

What would each part say about the way it keeps you healthy?

Fill in the talking body balloons. Share yours with a friend.
What did someone say that you didn't think about? _____

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE A The students will discuss the differences between feeling well and feeling sick. TEACHER INFORMATION Helping children to recognize the differences between feeling well (homeostasis) and feeling sick (imbalance) enables the child to identify situations in which s/he should look for help.	ACTIVITY 1. Feeling Well Experience Charts Make an Experience Chart with two columns, titled "Feeling Well Is..." and "Feeling Sick Is..." Ask the children to describe how they feel when they are well. List their ideas under the heading, "Feeling Well Is..." Then ask the children to describe how they feel when they are sick. List their ideas under the heading, "Feeling Sick Is..." Reproduce the chart, or have the children copy the chart. Appropriate illustrations can be added.	Materials: Experience chart paper, if available, or large newsprint paper Markers	Written Expression Reading Art
TEACHER INFORMATION Finger puppets are made in the shape of cones with faces on them. They are worn on the child's index fingers.	ACTIVITY 2. Feeling Well: Feeling Sick Have the students make two finger puppets using the Finger Puppet Patterns. One finger puppet represents "Feeling Well." The other finger puppet represents "Feeling Sick." The teacher tells a situation about being well or being sick. Children hold up the correct finger puppet and wiggle it. Examples of Situations: - Sara challenged Derek to a race. She thought she could beat him to the corner. - Jerry had a sore throat. - Emily ate four pieces of cake. (Cont'd on next page.)	Materials: Finger Puppet Patterns, p. 43 Scissors Paper Markers, crayons	Art Oral Expression

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

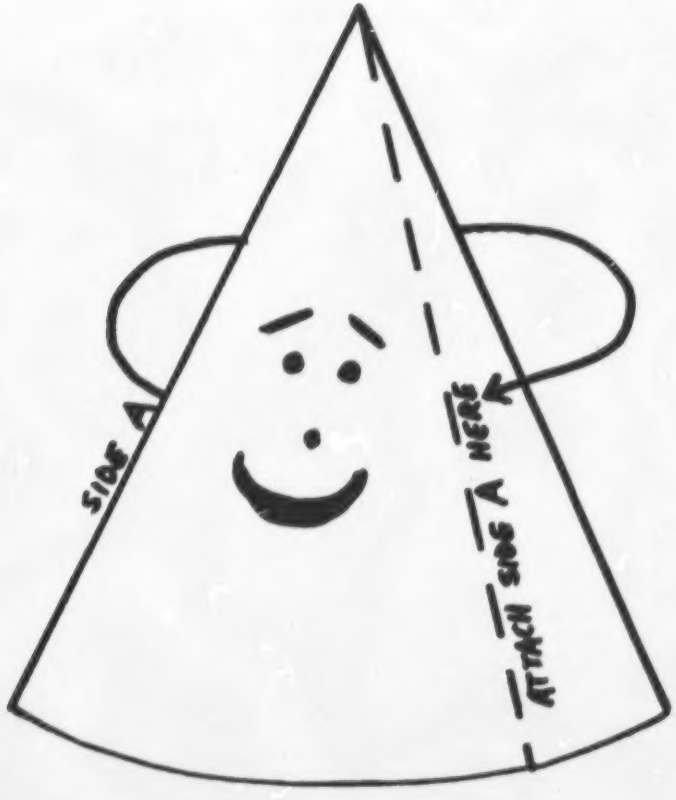
OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION

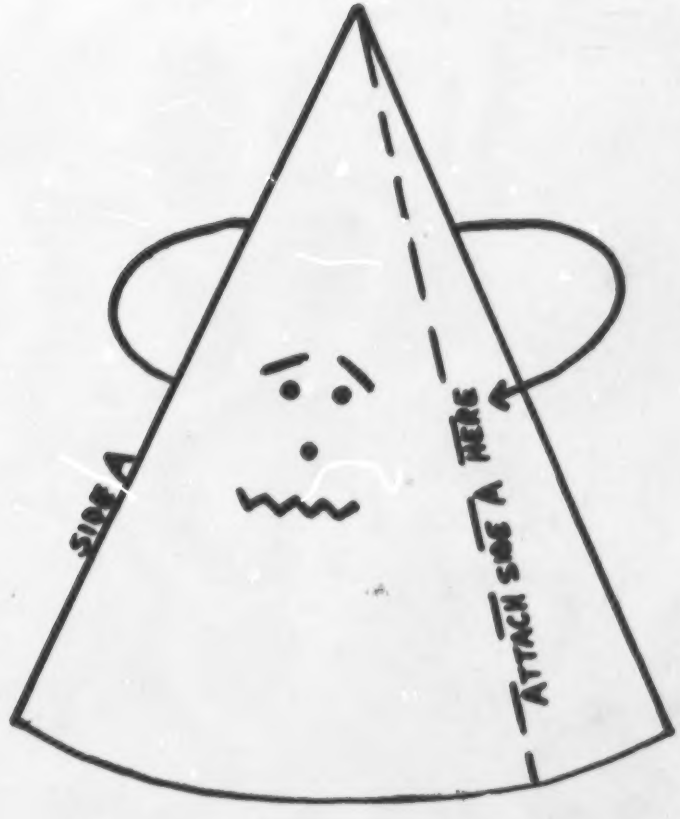
ACTIVITY 2. (cont'd)

- Jorge has recovered from his operation and is back in school today.

Provide time for children to discuss their choices and create their own situations.

FINGER PUPPET PATTERNS





CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 3. Sequence Stories Have the students draw pictures illustrating a time when they were sick. The pictures should illustrate how they felt when they were sick, how they felt when they were getting better, and how they feel now. Have the students share the pictures with the class.	Materials: Drawing paper Crayons, markers	Oral Expression Art
	SUPPLEMENTARY ACTIVITY		
	ACTIVITY 4. Interviews Have the children develop a list of questions to ask the school nurse-teacher regarding feeling well and feeling sick. Invite the school nurse-teacher to answer the questions, explain what happens when someone becomes sick, and review the rules for proper care when sick.	Resource Person: School nurse-teacher	Oral Expression
OBJECTIVE B The students will define medicine.	ACTIVITY 1. I Feel Sick Display a picture of a sick child to the class. Explain that the child in the picture is sick, and s/he will need rest and medicine. Ask the children to describe what medicine is. Write their ideas on the board and formulate a working definition from their responses.		Oral Expression Reading

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
TEACHER INFORMATION This activity can be conducted by either the classroom teacher or the school nurse-teacher. It is important for the teacher to supply the medicine bottle samples. Children, in their zeal to comply and cooperate and bring in sample medicine bottles, may empty the contents of medicine bottles into unmarked containers.	ACTIVITY 2. Identifying Medicines Display examples of bottles used to market aspirins, cold tablets, cough syrup and vitamins. Explain that these are medicines. Have students explain what each medicine does. Ask the students to give other examples of medicines and explain the effects of the medicines. From the examples and discussion, determine a definition for medicine.	Resource Person: Medicine bottle samples (empty) School nurse-teacher, if desired	Oral Expression
	ENRICHMENT ACTIVITY FOR THE GIFTED:		
TEACHER INFORMATION Medicine is a drug which is used to prevent, treat or cure a disease or disabling condition.	ACTIVITY 3. Interviews Ask the children to interview one or more of the following individuals for a definition of medicine: - a doctor - a nurse - a pharmacist - a parent - a brother, a sister or a friend Have the children compare the definitions. Ask the children why the definitions are different. Form a suitable working definition for use with the children from the various responses.		Reading Oral/ Written Expression

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE C The students will discuss the circumstances under which they take medicine and how the medicine affects the body. TEACHER INFORMATION Medicine can be divided into four categories: 1) medicines that combat disease (e.g. penicillin, sulfa, antibiotics); 2) medicines that prevent disease (e.g. vaccines); 3) medicines that relieve pain and discomfort (e.g. aspirin, nasal spray, motion sickness pills); and 4) medicines that aid the body functions (e.g. insulin). The examples which the students give may fall primarily into one or two of these categories. What is important is that children realize there may be several different reasons for taking medicines.	ACTIVITY 1. Why Do We Take Medicine? Display Story Pictures 1-4 showing children receiving medicine. Ask the children to explain what they think is happening in each picture. Write the children's responses on the board. Ask the children to describe other times when people take medication.	Materials: Story Pictures 1-4, pp. 49 ff.	Oral Expression

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION

ACTIVITY 2. Yes, No, Maybe

On the chalkboard, write the words, YES, NO, MAYBE. Have the children indicate, by raising their hands, the answers to the following situations. Ask several students to explain their positions.

- In the past when Matthew has had a headache his mother has given him an aspirin. Today Matthew has a headache. His mother isn't home. Should he take an aspirin? Why?
- Mary's father takes some pills for his stomach that look and smell like peppermint. Mary likes peppermint. Should she eat some? Why?
- Everyday Joe's mother gives him a vitamin pill. She says it is to help him grow to be tall and strong. He thinks if he takes more vitamins, he will grow taller and stronger. Should he take more vitamins when no one is looking? Why?

Critical Thinking

ACTIVITY 3. Interviews

Have the students list some common medicines they take when they are sick. Invite the school nurse-teacher, school nurse, a physician or a pharmacist into the class to discuss how the various medicines affect their bodies. A trip to interview the pharmacist would be a good alternate experience.

Resource Persons:

School nurse-teacher, school nurse, physician or pharmacist

Oral Expression

STORY PICTURE 1

STORY PICTURE 2

STORY PICTURE 3

STORY PICTURE 4

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE D The students will identify persons from whom they can safely accept medicine.	ACTIVITY 1. Mobiles Using drawings or magazine illustrations, have each child create a mobile that depicts people from whom the children can safely accept medicine. Allow them time to discuss the mobiles prior to display.	Materials: Wire coat hangers Paper pie plates String Scissors Drawing paper Markers, crayons.	Art
	ACTIVITY 2. Categories Have the students draw or cut out illustrations that depict responsible individuals from whom they can safely accept medicine, and place these cut-outs or drawings under the following categories: At Home: At The Doctor's Office: At School: At The Clinic/Hospital:	Materials: Drawing paper Magazines Markers, crayons	Art Critical Thinking

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
OBJECTIVE E The students will list rules for taking medicine.	ACTIVITY 1. Look Alikes Display pieces of candy that look like pills, pills that look like candy and medicine that looks like soft drinks. Ask the children to tell you which is the medicine and which is the candy or soft drinks. Discuss the reasons why drug companies make medicine look and taste like candy or soda pop. Elicit from the children the rule that no one should take a substance without knowing what it is. Have the class compile a list of rules for taking medicine. Compare the lists, and compile a master list of rules to remember. Reinforce the rule by having children take a copy home to share with family.	Materials: Pills that look like candy and medicine that looks like soft drinks.	Oral Expression Written Expression Reading
	ACTIVITY 2. Interviewing and Posters Have the children interview their parents and the school nurse-teacher about safety rules for taking medicine. Have the children record their answers and share the interviews in class. Have the children make posters illustrating one of the rules elicited during the interview.	Materials: Drawing paper Markers, crayons	Oral/Written Expression Art

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION

ACTIVITY 3. Action Voting

Read the following stories to the class. If the children agree with the action of the story character, have them raise their hands and show "thumbs up." If they disagree, have them raise their hands and show "thumbs down." Arms folded means "undecided."

Stories:

- "Nicholas had a cold. The doctor gave him some medicine. A month later Lucy, Nicholas's sister, had a cold. Nicholas offered Lucy some of his medicine. Should Lucy take the medicine?" Have the children provide reasons for their answers.

- "Heather wanted to go on a class trip. Mother said that she could go only if her cold was better. Heather wanted to get well fast. When mother wasn't looking, Heather took an extra dose of medicine so she could get well fast. Do you agree with Heather's actions?" Have the children provide reasons for their answers.

GRADE 2 CONCEPT IV

CONCEPT: Certain substances when used wisely help us to maintain a balanced and healthy body .

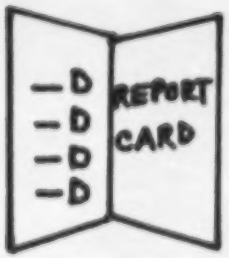
OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	SUPPLEMENTARY ACTIVITY:		
	ACTIVITY 4. Coloring Book Children can read and color a book available from the U.S. Government Printing Office, to reinforce what they they have learned.	Materials: Soozie says, "Only Sick People Need Drugs." (U.S. Government Printing Office)	Reading
	ACTIVITY 5. Filmstrip Show filmstrip Drugs, Poisons and Little Children. Pre-viewing and follow-up activities are suggested in the Teacher's Guide.	Filmstrip: Drugs, Poisons and Little Children (Educational Activities, Inc.)	Safety
	CULMINATING CONCEPT EVALUATION ACTIVITY: Have the students complete the evaluation, Who Can Give Me Medicine? Use this activity to reinforce the ideas developed as part of this concept. Take time to jot down those activities which worked well for use next year.	Evaluation: Who Can Give Me Medicine?, p. 61	Reading

WHO CAN GIVE ME MEDICINE?

Can you unscramble these words? Each word names someone who can give you medicine. Write the word on the line.

1. roctod _____
2. rhemto _____
3. enurs _____
4. tsciamraph _____
5. erthaf _____
6. rgandma _____

Circle the thing that you can treat with medicine.



Write one good rule for taking medicine.

Share your rule with a friend.
Share this page with a younger brother or sister.

EVALUATION FORM*

1. Activities My Students Liked Best (Title and Page No.): _____

2. Activities My Students Found Uncomfortable: _____

3. Activities I Thought Were Best: _____

4. Activities I Would Not Use (Why?): _____

5. Information That Was Most Helpful: _____

6. Sections I Did Not Use: _____

7. Errors That Should Be Corrected (Page No?): _____

8. Things That Should Be Added: _____

9. How Does This Curriculum Compare With Others You Have Used? (Circle One)

   Best Better Than Most About Average Below Average Worst

10. Other Comments: _____

*When you have completed your Drug Education Unit, please fill in this form, fold, tape or staple, and mail to the Bureau of Drug Education. We look forward to receiving your input.

New York State Education Department
Bureau of Drug Education
Albany, NY 12234

(Fold here)

(Fold here)